

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Thursday, April 18, 2019 at the hour of 10:00 A.M. at 1950 W. Polk Street, in Conference Room 5301, Chicago, Illinois.

I. Attendance/Call to Order

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Directors Mary Driscoll, RN, MPH; Mike Koetting (Substitute Member) and Mary B. Richardson-Lowry (Substitute Member) (3)

Board Chair M. Hill Hammock (ex-officio) and Director David Ernesto Munar

Telephonically

Present: Patrick T. Driscoll, Jr. (Non-Director Member)

Absent: Directors Heather M. Prendergast, MD, MS, MPH and Layla P. Suleiman Gonzalez, PhD, JD (2)

Additional attendees and/or presenters were:

Linda Follenweider – Chief Operating Officer,
Correctional Health

Trevor Lewis, MD – John H. Stroger, Jr. Hospital
of Cook County

Jeff McCutchan – General Counsel

Iliana Mora – Chief Operating Officer, Ambulatory
Services

John O'Brien, MD – Chair, Department of
Professional Education

Deborah Santana – Secretary to the Board

John Jay Shannon, MD – Chief Executive Officer

Ronald Wyatt, MD – Chief Quality Officer

II. Public Speakers

Chair Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report from Chief Quality Officer

A. Regulatory and Accreditation Updates

Dr. Ronald Wyatt, Chief Quality Officer, provided a brief update on regulatory and accreditation matters. He stated that he attended the Annual Leadership Forum at The Joint Commission yesterday. At the Forum, they focused on leadership, specifically relating to professionalism, and sterile processing.

B. Metrics (Attachment #1)

Dr. Wyatt provided an overview of the metrics. The Committee reviewed and discussed the information.

C. Diabetes Care Update (deferred to May)

IV. Action Items

A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s)

There were none presented for the Committee's consideration.

B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County

- i. Receive reports from EMS Presidents
- ii. Approve Medical Staff Appointments/Reappointments/Changes (Attachment #2)

Dr. Trevor Lewis, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, provided his report. He stated that, at the recent EMS meeting, they received presentations from Obstetrics/Gynecology and the Operating Room Committee.

Director Driscoll, seconded by Director Koetting, moved to approve the Medical Staff Appointments/Re-appointments/Changes for John H. Stroger, Jr. Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

Dr. Valerie Hansbrough, President of the EMS of Provident Hospital of Cook County, was unable to attend the meeting. The Committee considered the proposed Provident Hospital medical staff actions presented for their consideration.

Director Driscoll, seconded by Director Koetting, moved to approve the Medical Staff Appointments/Re-appointments/Changes for Provident Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

C. Minutes of the Quality and Patient Safety Committee Meeting, March 22, 2019

Director Driscoll, seconded by Director Koetting, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of March 22, 2019. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Sections IV, V and VI

V. Recommendations, Discussion/Information Items

A. Strategic Planning Discussion:

- **Graduate Education** (Attachment #3)
 - **Approve proposed clinical training affiliation agreements** (Attachment #4)

Dr. John O'Brien, Chair of the Department of Professional Education, provided an overview of the presentation on Graduate Education and related action items, which included information on the following items:

V. Recommendations, Discussion/Information Items

A. Strategic Planning Discussion (continued)

- Overview of the Department of Professional Education
- Impact 2020 Update – Status and Results
- History of Medical Training in the U.S.
- Moving Away from a Service-Based Residency Model
- Final Deliverables
- Recruit Outstanding Medical Students
- Origin of Medical Students for the Incoming Class
- Train in High Quality Residencies
- Train in High Quality Fellowships
- Retention of Graduates
- Retention of Graduates in the Last Three Years
- Rotator Programs
- Cost Analysis
- FY2020-2022 – The Future
- Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis
- FY2020-2022 Strategic Planning Recommendations
- Action Items – Agreements for Review and Approval

During the review of the information relating to staffing, Dr. Shannon noted that Dr. O'Brien is the Designated Institutional Official for the organization's training programs. Each of those training programs has a physician program director and supports within them. Director Richardson-Lowry requested a chart reflecting the positions within the Department of Professional Education and related training programs.

During the discussion of the information regarding the origin of medical students, it was stated that 40% of the primary care physicians are from outside of the U.S. Director Richardson-Lowry requested information on the breakdown and how the organization compares to comparably sized institutions with similar focus.

Director Richardson-Lowry suggested that, with regard to the work being done by staff to secure visas for residents, perhaps the administration should look into potential internal or external resources to assist.

• Primary Care / Maternal Child Care (Attachment #5)

Iliana Mora, Chief Operating Officer of Ambulatory Services, provided an overview of the presentation on Primary Care / Maternal Child Care, which included information on the following items:

- Overview of Ambulatory Health Centers
- FY2018 Overview of Cook County Health (CCH) Patients Demographics
- FY2018 Primary Care Visits
- FY2018 Specialty / Diagnostic / Procedure Visit Volume
- Impact 2020 Update – Status and Results
- FY2020-2022: The Future – Environmental Scan of Market, Best Practices and Trends
- Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis
- FY2020-2022 Strategic Planning Recommendations

V. Recommendations, Discussion/Information Items

A. Strategic Planning Discussion (continued)

During the review of the information, Director Richardson-Lowry requested that a map be provided that includes a clear legend that reflects where CCH clinics and Federally-Qualified Health Centers (FQHCs) are located, and include the categories of services provided by CCH clinics versus the FQHCs. This will help the Board as they think strategically about where to move or not, and where there might be synergy or not. It will also inform their thinking with respect to marketing strategies, as well as any potentials around mergers and forecasting.

Additionally, Director Richardson-Lowry stated that, with respect to the nomenclature relating to the maternal infant mortality rate, particularly amongst African Americans, the term “project,” was used. Project by definition has a start and an end. In an earlier conversation, Chair Gugenheim noted that, by having the mentality of it being a project, the organization did not get to the point where the systemic issues were addressed. As the organization moves towards addressing the systemic issues and maximizing the opportunities, she requested that the term “project” not be used.

With regard to slide 34 of the presentation, in the category of Opportunities within the SWOT Analysis, Director Richardson-Lowry requested that the word “maternal” be included with the bullet on prenatal and pediatric patient base.

Director Driscoll, seconded by Director Koetting, moved to approve the proposed clinical training affiliation agreements. **THE MOTION CARRIED UNANIMOUSLY.**

VI. Closed Meeting Items

- A. Medical Staff Appointments/Re-appointments/Changes**
- B. Claims, Litigation and Quality and Patient Safety Matters**
- C. Matters protected under the federal Patient Safety and Quality Improvement Act of 2005 and the Health Insurance Portability and Accountability Act of 1996**
- D. Quality and Patient Safety Report**

Director Koetting, seconded by Director Richardson-Lowry, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk

VI. Closed Meeting Items (continued)

management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member," and 5 ILCS 120/2(c)(17), regarding "the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body."

THE MOTION CARRIED UNANIMOUSLY and the Committee recessed into a closed meeting.

Chair Gugenheim declared that the closed meeting was adjourned. The Committee reconvened into the open meeting.

VII. Adjourn

As the agenda was exhausted, Chair Gugenheim declared the meeting ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chair

Attest:

XXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/follow-up:

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Request: A request was made for a chart reflecting the positions within the Department of Professional Education and related training programs. Page 3

Request: With regard to the statement that 40% of CCH primary care physicians are from outside of the U.S., a request was made for a breakdown and how the organization compares to comparably sized institutions with similar focus. Page 3

Follow-up: A suggestion was made, with regard to the work being done by staff to secure visas for residents, that perhaps the administration should look into potential internal or external resources to assist. Page 3

Request: A request was made for a map that includes a clear legend that reflects where CCH clinics and Federally-Qualified Health Centers (FQHCs) are located, and include the categories of services provided by CCH clinics versus the FQHCs. Page 4

Request: With regard to slide 34 of the presentation, in the category of Opportunities within the SWOT Analysis, a request was made that the word “maternal” be included with the bullet on prenatal and pediatric patient base. Page 4

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ATTACHMENT #1

QPS Quality Dashboard

April 18, 2019



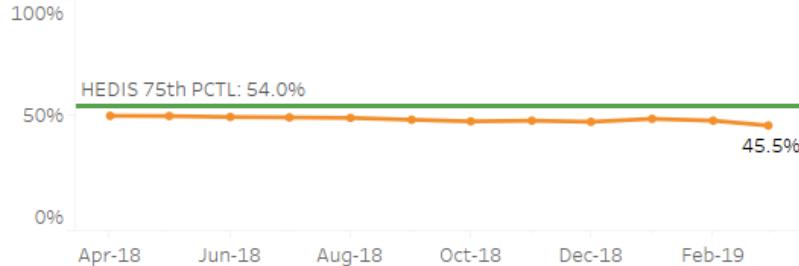


COOK COUNTY HEALTH

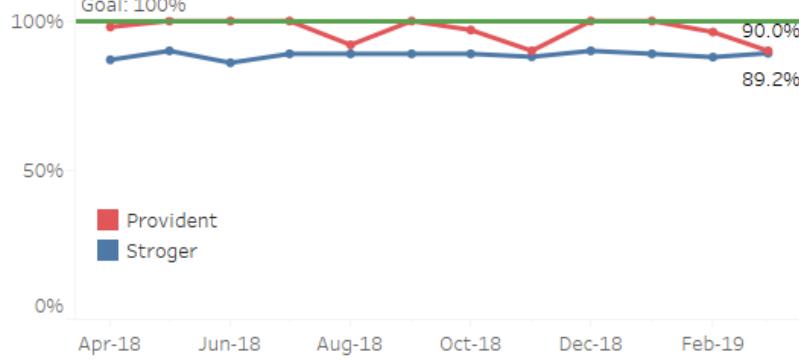
Quality
Dashboard
April 18, 2019

Health Outcomes

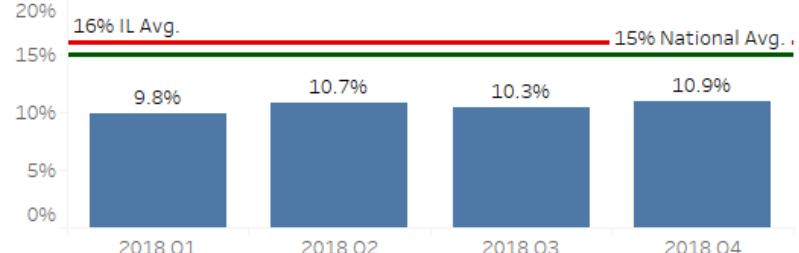
HEDIS - Diabetes Management: HbA1c < 8%



Core Measure - Venous Thromboembolism (VTE) Prevention

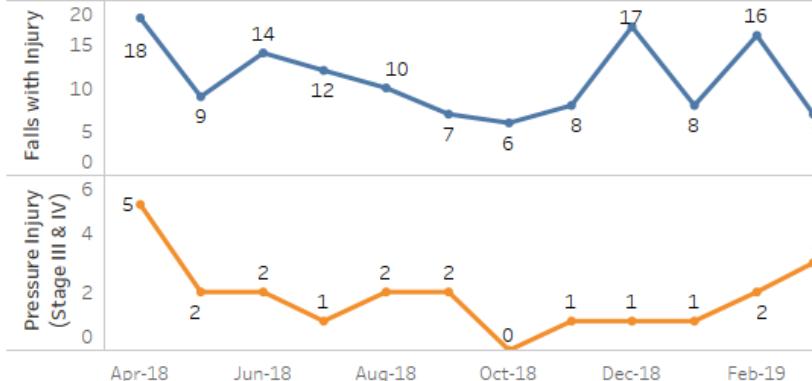


30 Day Readmission Rate

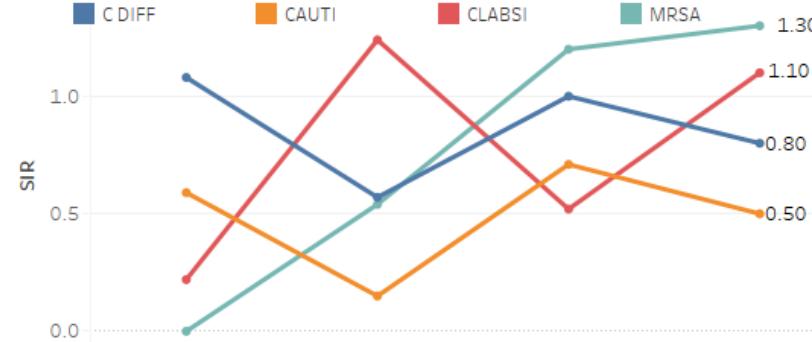


Patient Safety

Hospital Acquired Conditions



Hospital Acquired Infections

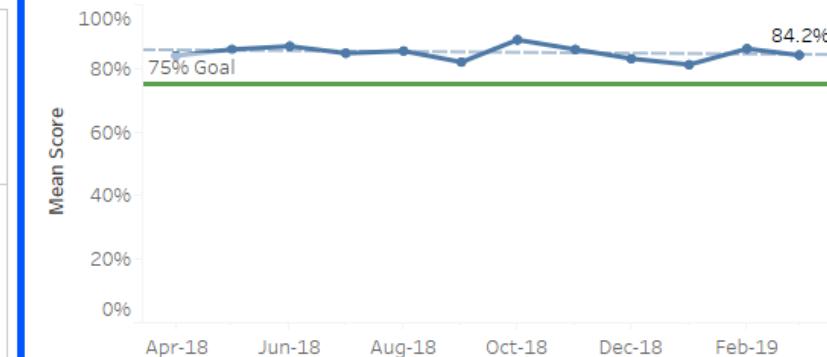


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

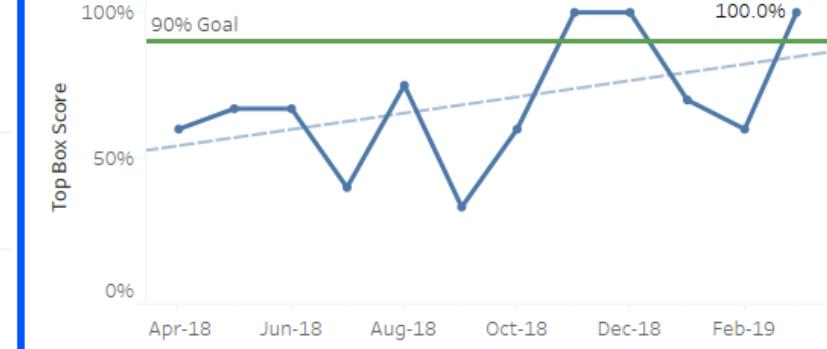
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
CDIFF	6	11	4	5	4	2	10	4	4	6	2	6
CAUTI	1	2	1	0	1	0	0	1	3	1	1	1
CLABSI	0	1	0	2	3	0	0	0	2	1	0	4
MRSA	0	0	0	0	1	0	0	1	0	1	0	1

Utilization

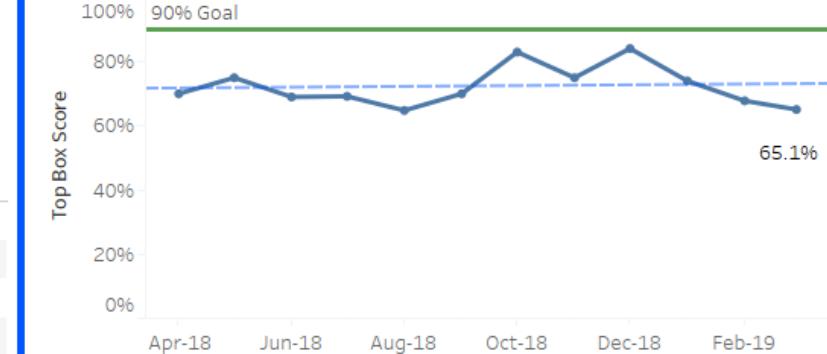
ACHN--Overall Clinic Assessment



Provident--Willingness to Recommend Hospital

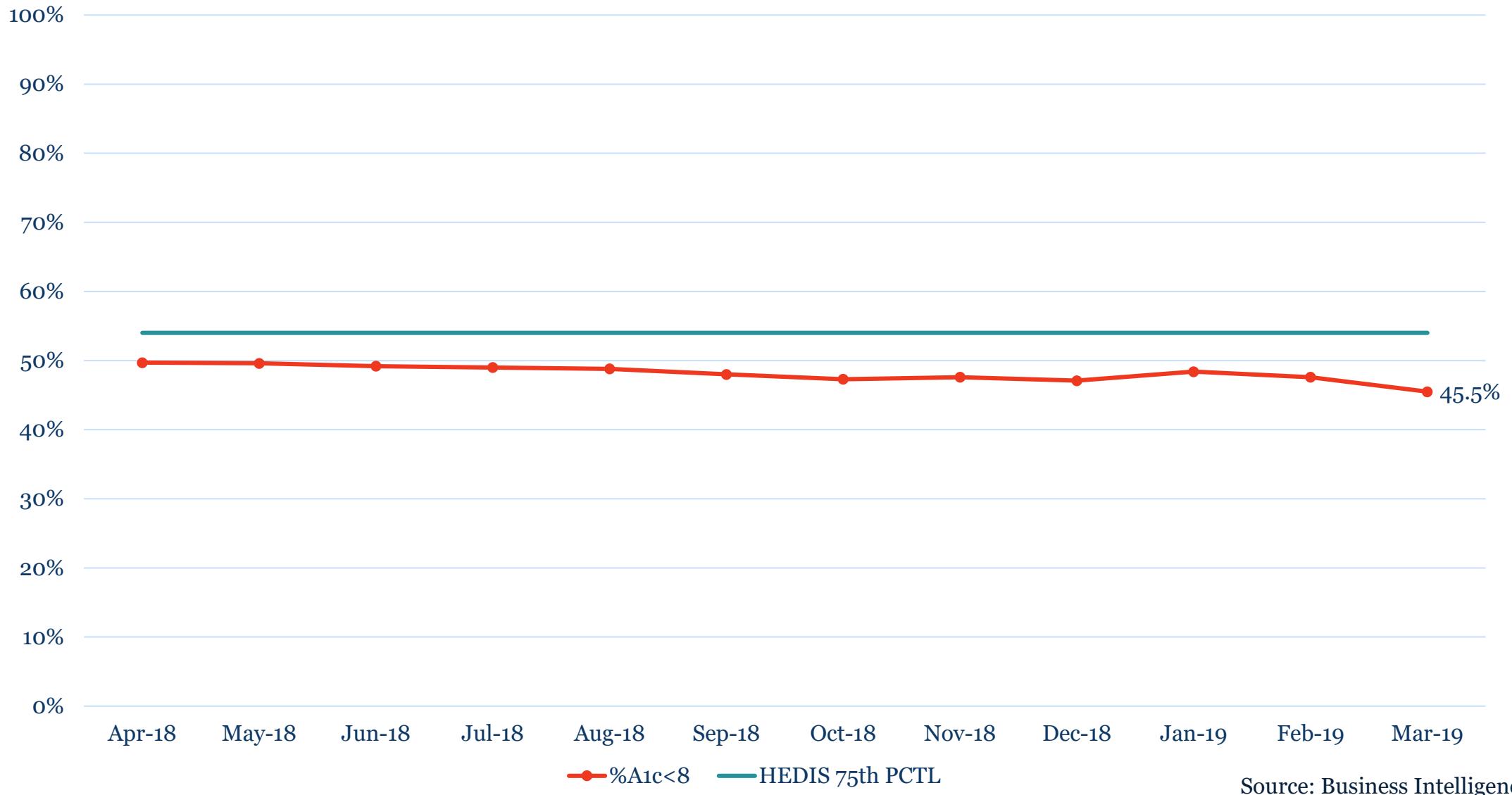


Stroger--Willingness to Recommend Hospital



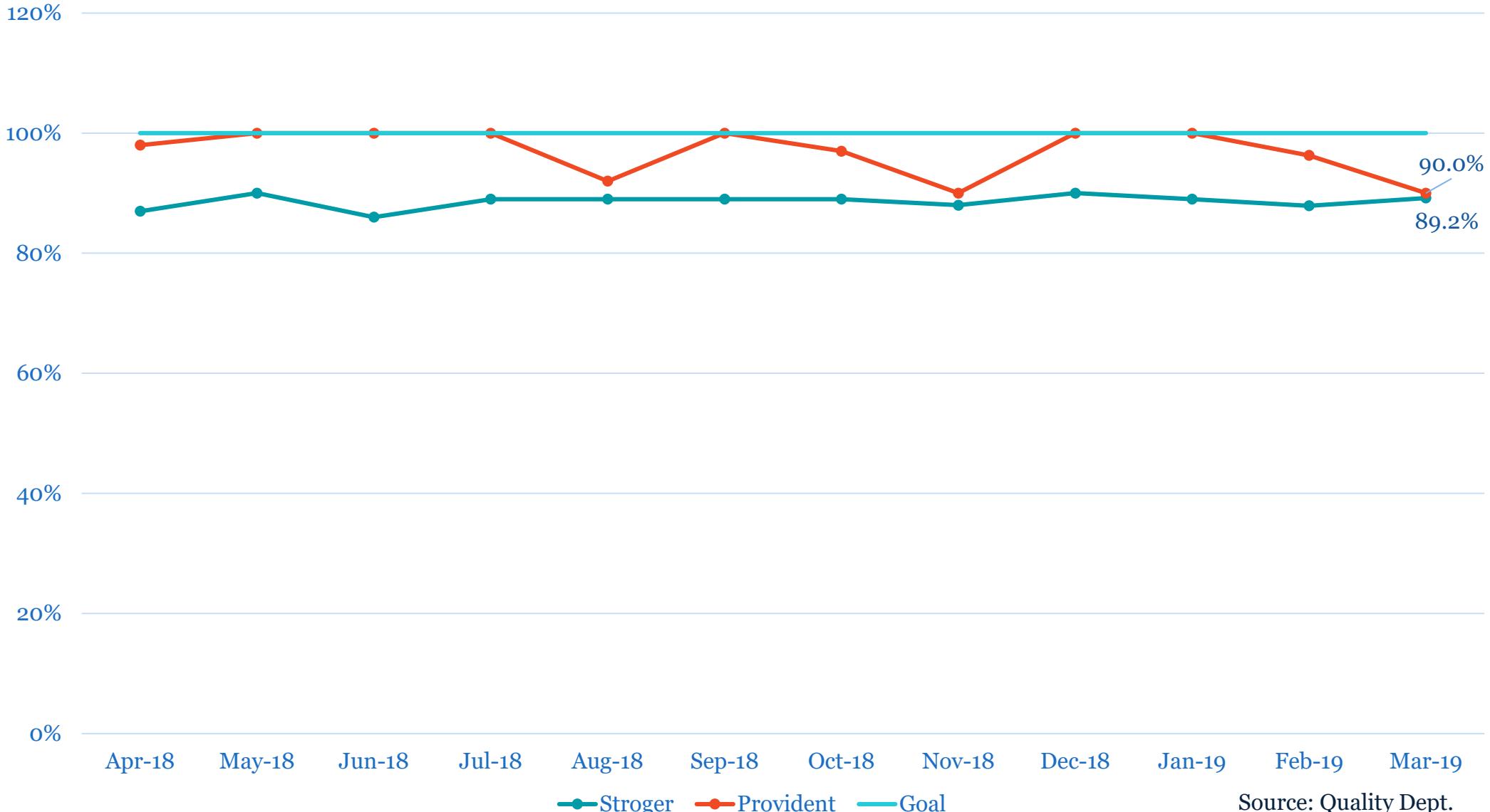
COOK COUNTY HEALTH

HEDIS – Diabetes Management: HbA1c < 8%

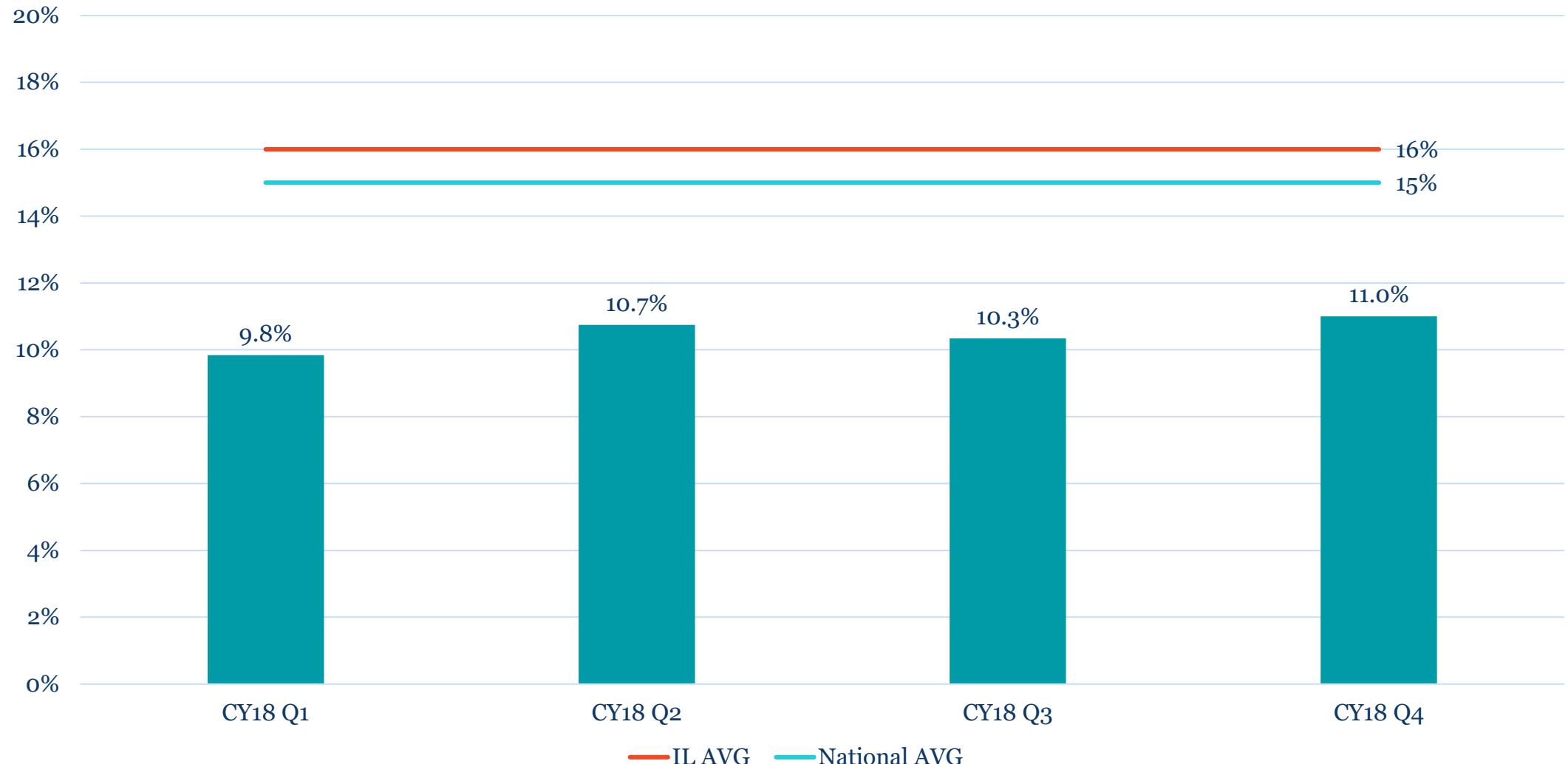


Source: Business Intelligence

Core Measure – Venous Thromboembolism (VTE) Prevention

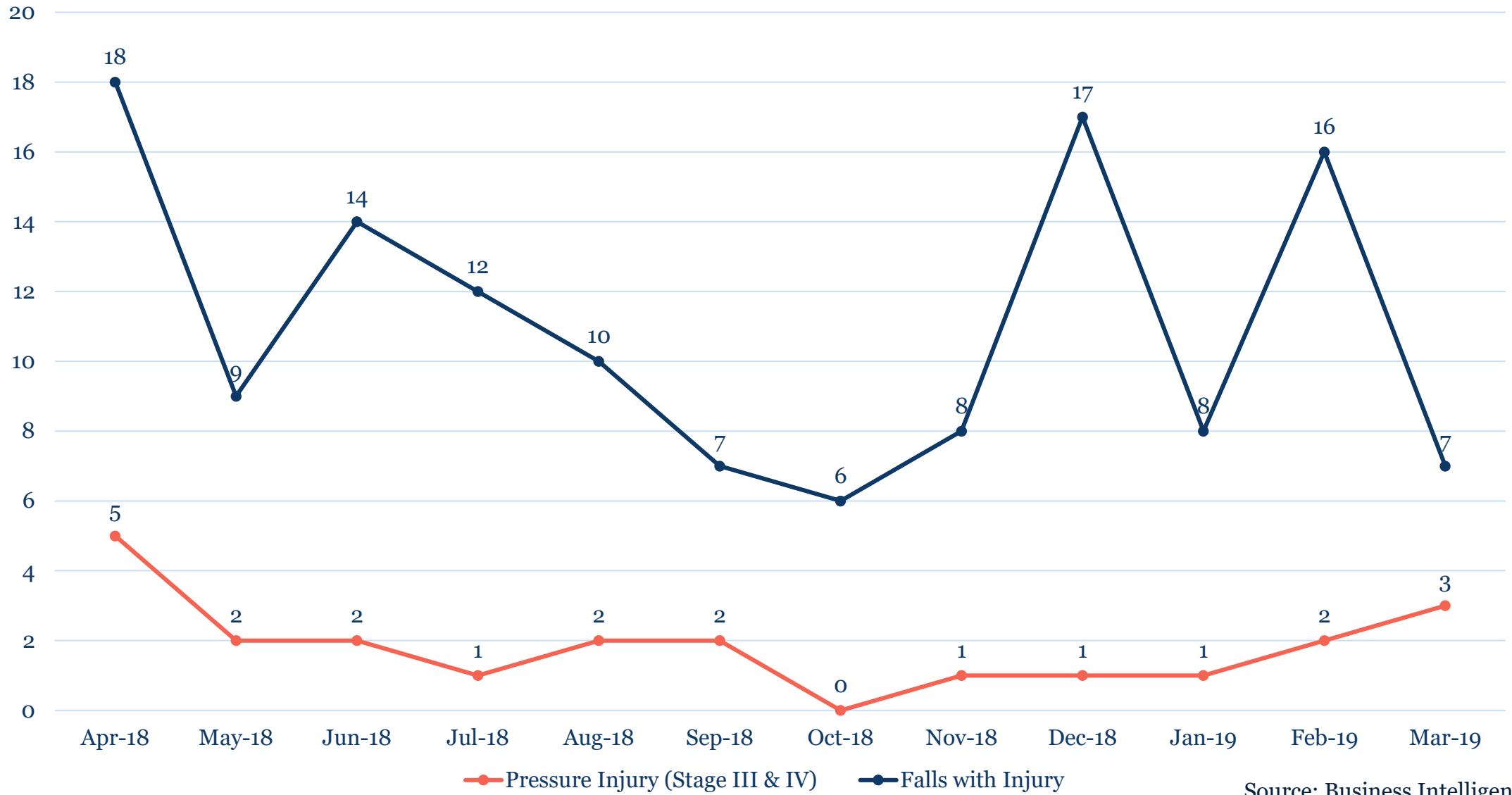


30 Day Readmission Rate

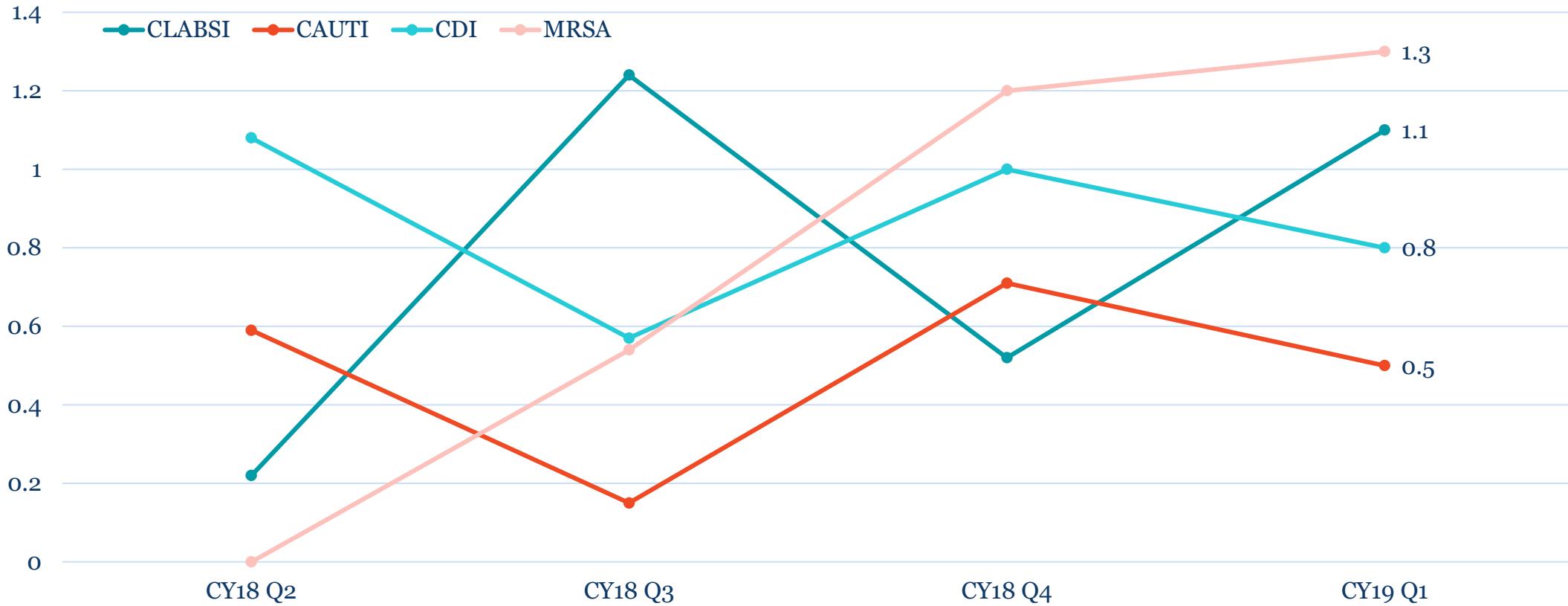


Source: Business Intelligence

Hospital Acquired Conditions



Hospital Acquired Infections

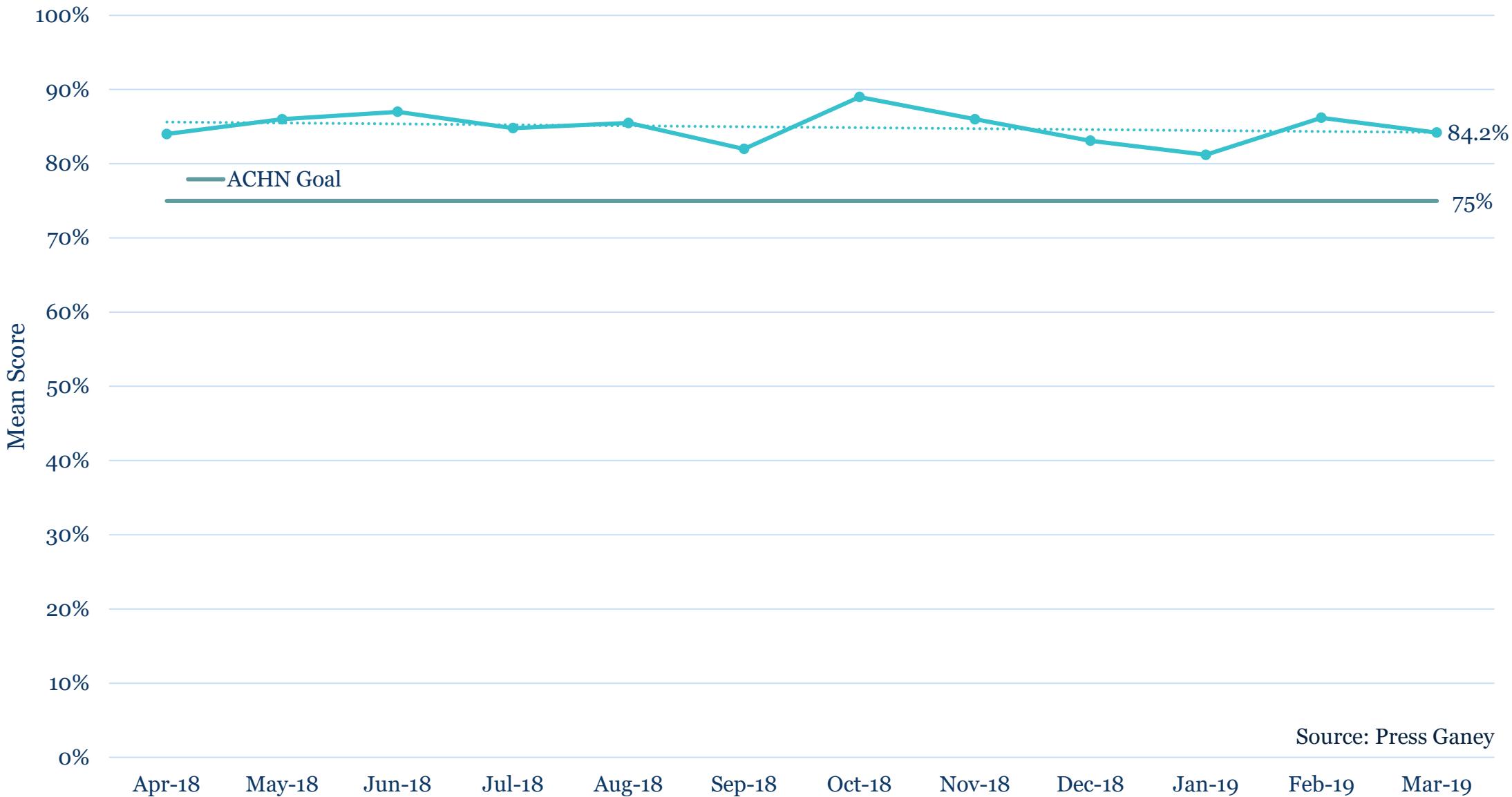


CY18 Q4
CY19 Q1
 SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

Source: Infection Control Dept.



ACHN – Overall Clinic Assessment

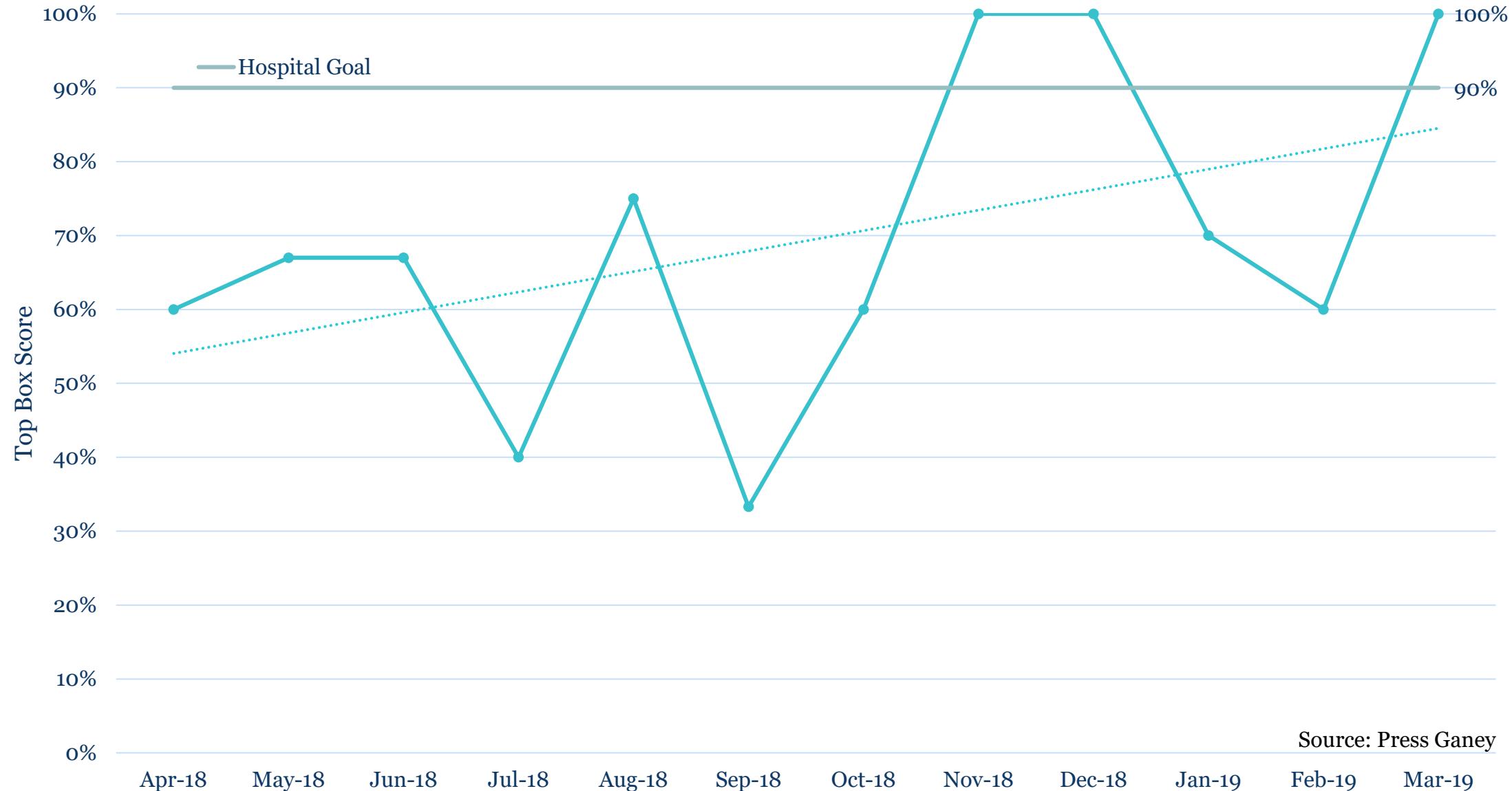


Source: Press Ganey

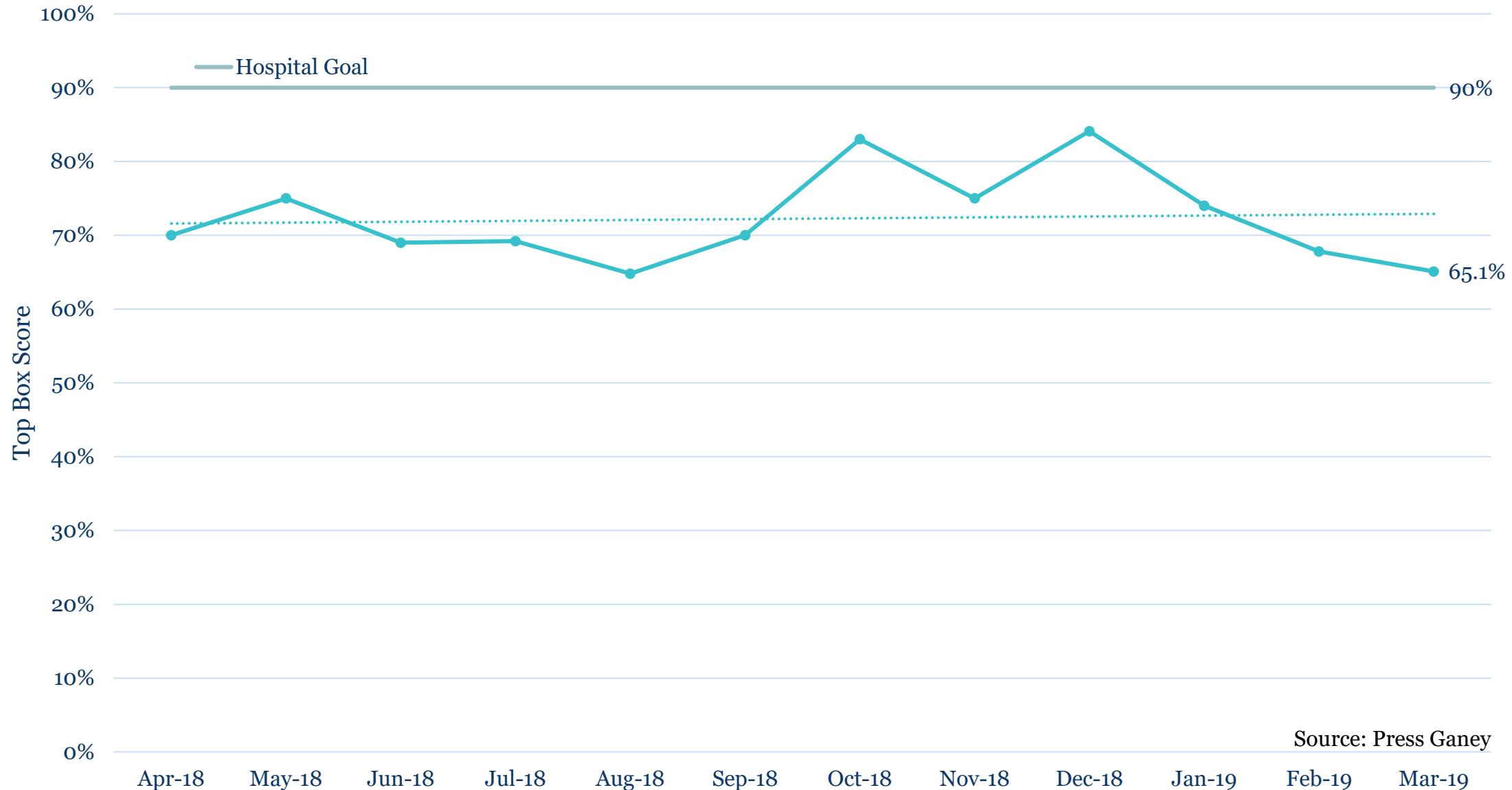


COOK COUNTY
HEALTH

Provident – Willingness to Recommend the Hospital



Stroger – Willingness to Recommend the Hospital



Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
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ATTACHMENT #2



Toni Preckwinkle
President, Cook County Board of Commissioners

John Jay Shannon, MD
Chief Executive Officer, Cook County Health

Deb Santana
Secretary to the Board
Cook County Health

Date: April 11, 2019

Dear Members of the Quality and Patient Safety Committee of the CCH Board,

Please be advised that the Executive Medical Staff Committee of John H. Stroger Jr., Hospital of Cook County, approved the attached list of medical staff action items Tuesday, April 9, 2019, for your consideration. Thank you.

Respectfully Submitted,

Trevor Lewis, MD
President, Executive Medical Staff

John H. Stroger, Jr. Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Trevor Lewis, MD
EMS President

SUBJECT: Medical Staff Appointments and Other Business Recommended by the Executive Medical Staff Committee.

Medical Staff Appointments/Reappointments Effective April 18, 2019 Subject to Approval by the CCH Quality and Patient Safety Committee Board.

Initial Physician Appointment Applications:

Name	Category	Department / Division	Appointment Term
Black, Elizabeth MD	Voluntary	Emergency Medicine	April 18, 2019 through April 17, 2021
Caudill, Christopher MD	Voluntary	Emergency Medicine	April 18, 2019 through April 17, 2021
Makiewicz, Kristine U., MD	Voluntary	Surgery/General Surgery	April 18, 2019 through April 17, 2021
McCann, Sean MD	Voluntary	Emergency Medicine	April 18, 2019 through April 17, 2021
Vinokur, Olga MD	Active	Radiology	April 18, 2019 through April 17, 2021

A handwritten signature in blue ink, appearing to read "Q" followed by "CCHHS".

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ON APRIL 18, 2019

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Reappointment Applications Physicians:

Department of Anesthesiology:

Name	Category	Division	Reappointment Term
Gloss, Feodor DO	Active		June 30, 2019 through June 29, 2021
Parseai, Shekofeh MD	Active	Pediatric Anesthesia	June 30, 2019 through June 29, 2021
Voronov, Gennadiy MD	Active		June 30, 2019 through June 29, 2021

Department of Correctional Health:

Name	Category	Division	Reappointment Term
Canelas, Elizabeth MD	Active	Psychiatry	May 18, 2019 through May 17, 2021
Ennis, Patrick MD	Active	Med/Surg	May 25, 2019 through May 24, 2021
Khan, Marghoob Ahmad	Active	Med Surg	May 25, 2019 through May 24, 2021
Ward, Andrea	Active	Psychiatry	May 25, 2019 through May 24, 2021

Department of Emergency Medicine:

Name	Category	Division	Reappointment Term
Soyemi, Kenneth MD	Active	Pediatric ED	June 21, 2019 through June 20, 2021

Department of Family Medicine:

Name	Category	Division	Reappointment Term
Sharma, Abha MD	Active		May 22, 2019 through May 21, 2021
Vittum, Daniel MD	Active		May 12, 2019 through May 11, 2021


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Department of Medicine

Name	Category	Division	Reappointment Term
Ghode, Reena, MD	Active	Neurology	June 12, 2019 through June 11, 2021
Gupta, Shweta, MD	Active	Hematology/Oncology	June 12, 2019 through June 11, 2021
Kee, Romina, MD	Active	Medicine/General Medicine	April 28, 2019 through April 27, 2021
Macias-Huerta, Carmen, MD	Active	PCCM	June 20, 2019 through June 19, 2021
Piller, Simon, MD	Active	Infectious Dis/Peds	May 14, 2019 through April 13, 2021
Shannon, John J, MD	Active	PCCM	May 22, 2019 through May 21, 2021
Sukhal, Shashvat, MD	Active	PCCM	May 19, 2019 through May 15, 2021

Department of Ob/Gyn:

Name	Category	Division	Reappointment Term
Nguyen, Tuan, MD	Active	Ob/Gyn/Maternal Fetal Medicine	June 30, 2019 through June 29, 2021

Department of Pathology:

Name	Category	Division	Reappointment Term
Crane, Jason DO	Consulting	Blood Bank	May 22, 2019 through May 21, 2021

Department of Pediatrics:

Name	Category	Division	Reappointment Term
Torres, Annie MD	Active	Child Protective Services	May 18, 2019 through May 17, 2020
Verma, Nirmala MD	Active		April 20, 2019 through April 19, 2021
Wilkerston, Mary Louise MD	Voluntary	Critical Care	May 19, 2019 through May 18, 2021

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Department of Psychiatry:

Name	Category	Division	Reappointment Term
De Souza Morais, Michele	Active	Psychiatry	June 21, 2019 through June 20, 2021

Department of Radiology:

Name	Category	Division	Reappointment Term
Kelekar Anita MD	Active		May 15, 2019 through May 14, 2021
Kopulos, Luke MD	Active		May 12, 2019 through May 11, 2021
Trepashko, Donald MD	Active	Nuclear Medicine	May 14, 2019 through May 13, 2021

Department of Surgery:

Name	Category	Division	Reappointment Term
Adkins, Linda J., OD	Optometry	Surgery/Ophthalmology	June 21, 2019 through June 20, 2021
Beck, Traci P., MD	Active	Surgery/Urology	May 25, 2019 through May 24, 2021
Bove, Michael J., MD	Voluntary	Surgery/Otolaryngology	June 16, 2019 through June 15, 2021
Ghadiali, Quraish MD	Active	Surgery/Ophthalmology	June 23, 2019 through June 22, 2021
Houston, John T.B., MD	Active	Surgery/Urology	June 21, 2019 through June 20, 2021
Magnani, Jason J., MD	Active	Surgery/Orthopaedic	June 21, 2019 through June 20, 2021
Raiji, Veena R., MD	Consulting	Surgery/Ophthalmology	June 16, 2019 through June 15, 2021

Department of Trauma:

Name	Category	Division	Reappointment Term
Hollister, Hadyn MD	Active		June 23, 2019 through June 22, 2021
Schlanser, Victoria DO	Active		June 23, 2019 through June 22, 2021

Medical Staff Request for Additional Privileges:

Name	Department/ Division	Additional Privileges
Udechukwu, Victor, MD	Medicine/General Medicine	Hospital Medicine

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ON APRIL 18, 2019

Initial Application for Non-Medical Staff:

Name	Category	Department/ Division	Appointment Term
Jaimon, Roshni CNP	Nurse Practitioner	Public Health/Pulmonary Medicine	April 18, 2019 through April 17, 2021
Karuthalackal, Adai V., PA-C	Physician Assistant	Surgery/Orthopaedic	April 18, 2019 through April 17, 2021
O'Connor, Kevin PA-C	Physician Assistant	Trauma	April 18, 2019 through April 17, 2021

Renewal of Privileges for Non-Medical Staff:

Name	Category	Department/ Division	Appointment Term
Bozylinsky, Katherine, PA-C	Physician Assistant	Medicine/Infectious Disease	May 22, 2019 through May 21, 2021
DiGiacomo, Marie, CNP	Nurse Practitioner	Surgery/Pediatric Surgery	May 12, 2019 through May 11, 2021
Kane Towle Megan PA-C	Physician Assistant	Family Medicine	May 19, 2019 through May 18, 2021
Kurn, Maria Del Carmen P., NP	Nurse Practitioner	Medicine/PCCM	May 12, 2019 through May 11, 2021
Mork, Gregory A., CCP	Perfusionist	Surgery/Cardiothoracic	June 23, 2019 through June 22, 2020
Rescober, Teresita, CNS	Nurse Practitioner	Ob/Gyn/Gynecology	June 22, 2019 through June 21, 2021
Shah, Palak K., PA-C	Physician Assistant	Surgery/General Surgery	May 12, 2019 through May 11, 2021
Veliyathumaili, Jasseena, R., NP	Nurse Practitioner	Medicine/Endocrinology	May 19, 2019 through May 18, 2021

Non-Medical Staff Request Change to Agreements:

Name	Department/ Division	Supervisor/Collab
Brooks, Cicely PA-C	Correctional Health/Psychiatry	Jacqueline Marshall, MD
Mathew, Lizamma, NP	Medicine/Cardiology	Saurbah Malhotra, MD
Wright, Ladonna, PA-C	Medicine/Dermatology	Albrecht, Joerge, MD

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Toni Preckwinkle
President, Cook County Board of Commissioners
John Jay Shannon, MD
Chief Executive Officer, Cook County Health

Deborah Santana
CCH Secretary to the Board
1950 W. Polk Street, Room 9106
Chicago, IL 60612

April 5, 2019

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on April 5, 2019 the Medical Executive Committee recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

Marlon Kirby, MD
Provident Hospital of Cook County
Vice President, Medical Staff
Presiding Chair, Medical Executive Committee

Provident Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Marlon Kirby, MD
Vice President, Medical Executive Committee

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Medical Executive Committee** on
4/5/2019

Medical Staff Appointments/Reappointments Effective April 18, 2019 Subject to Approval by the CCH Quality and Patient Safety Committee.

New Business

Initial Physician Appointment Application:			
Name	Category	Department / Specialty	Appointment Term
Vinokur, Olga, MD	Active	Radiology	April 18, 2019 thru April 17, 2021

New Business

Reappointment Applications Physicians:			
Department of Emergency Medicine:			
Name	Category	Department/Specialty	Appointment Term
Hussain, Anwer, DO	Active	Emergency Medicine	June 21, 2019 thru June 20, 2021

Department of Internal Medicine:			
Name	Category	Department/Specialty	Appointment Term
Ahmed, Azazuddin, MD	Affiliate	Internal Medicine	May 19, 2019 thru May 18, 2021
Alvi, Saad, MD	Affiliate	Internal Medicine	May 19, 2019 thru May 18, 2021
Ghode, Reena, MD	Affiliate	Internal Medicine	June 12, 2019 thru June 11, 2021
Haratau, Ioana C., MD	Affiliate	Internal Medicine	May 19, 2019 thru May 18, 2021

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Ilie, Ionut O., MD	Affiliate	Internal Medicine	April 21, 2019 thru April 20, 2021
Leekha, Deepak, MD	Affiliate	Internal Medicine	May 19, 2019 thru May 18, 2021
Martinez, Irene, MD	Voluntary	Internal Medicine	April 21, 2019 thru April 20, 2021
Mohiuddin, Reshma, MD	Affiliate	Internal Medicine	May 19, 2019 thru May 18, 2021
O'Brien, John M., MD	Affiliate	Internal Medicine	April 21, 2019 thru April 20, 2021
Shannon, John J., MD	Affiliate	Internal Medicine	April 21, 2019 thru April 20, 2021

Department of Pathology:

Name	Category	Department/Specialty	Appointment Term
Crane, Jason, DO	Affiliate	Pathology	June 23, 2019 thru June 22, 2021

Department of Psychiatry:

Name	Category	Department/Specialty	Appointment Term
DeSouza Morais, Michelle, MD	Affiliate	Psychiatry	June 21, 2019 thru June 20, 2021

Department of Radiology:

Name	Category	Department/Specialty	Appointment Term
Kelekar, Anita, MD	Affiliate	Radiology	May 16, 2019 thru May 15, 2021
Trepashko, Donald, MD	Affiliate	Radiology	May 14, 2019 thru May 13, 2021

Department of Surgery:

Name	Category	Department/Specialty	Appointment Term
Grevious, Mark A., MD	Affiliate	Plastic Surgery	April 27, 2019 thru April 26, 2021


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Reapplication for Non-Physician Appointment:

Name	Category	Department/Specialty	Appointment Term
Ruiz, Natalia Psy.D.	Clinical Psychologist	Psychiatry	May 12, 2019 thru May 11, 2021

Provisional To Full:

Name	Department/ Division	Recommendation
Ahmed, Azazuddin, MD	Internal Medicine	Approved.
DeSouza Moraes, Michele	Psychiatry	Approved.
Egiebor, Osbert, MD	Radiology	Approved.
Eldris, Nader, MD	Internal Medicine	Approved.
McPherson, Julita MD	Family Medicine	Approved.
Pearl, Mataika, MD	Internal Medicine	Approved.
Perrin, Jane, MD	Internal Medicine	Approved.
Rogers, Susan, MD	Internal Medicine	Approved.
Rohr, Louis, MD	Internal Medicine	Approved.
Shim, Kyungran, MD	Internal Medicine	Approved.
Singh, Anshu, MD	Internal Medicine	Approved.
Smith, Pamela, MD	Internal Medicine	Approved.
Tanwar, Sonia, MD	Internal Medicine	Approved.
Watson, Cynthia, MD	Internal Medicine	Approved.

Non-Physician Provisional To Full:

Name	Category	Department/Specialty	Recommendation
Buresh, Alexa K., PA-C	Physician Assistant	Surgery	Approved.

CCHHS

**APPROVED****BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON APRIL 18, 2019**

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
Thursday, April 18, 2019

ATTACHMENT #3



Strategic Planning FY2020- 2022

Professional Education

John M. O'Brien, M.D.

Chairperson, Department of Professional Education

April 18, 2019



Overview of Department

Professional Education



Overview of Department

Oversight of Medical Training

Internal Residencies and Fellowships (Employed by Cook County Health- CCH)

External Trainees that Rotate At CCH

Students – Including Medical Students and Allied Health

Academic Library



Impact 2020 Update



Status and Results

- Deliver High Quality Care
- Grow to Serve and Compete
- Foster Fiscal Stewardship
- Invest in Resources
- Leverage Valuable Assets
- Impact Social Determinants
- Advocate for Patients



Impact 2020

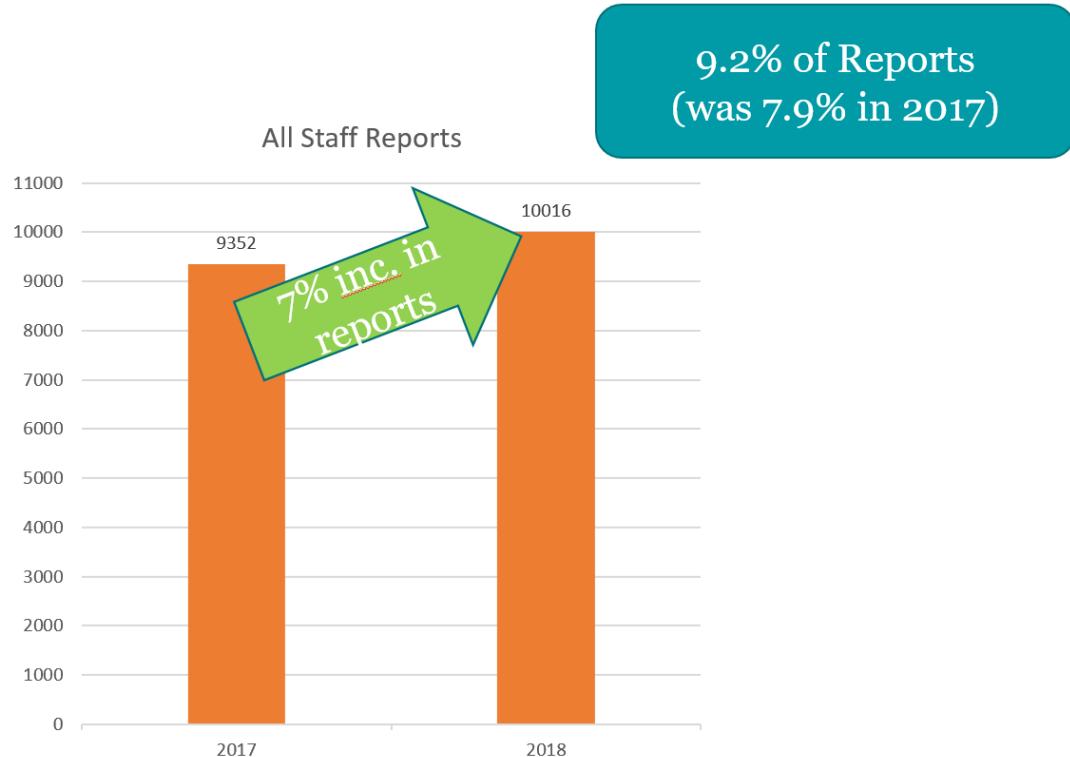
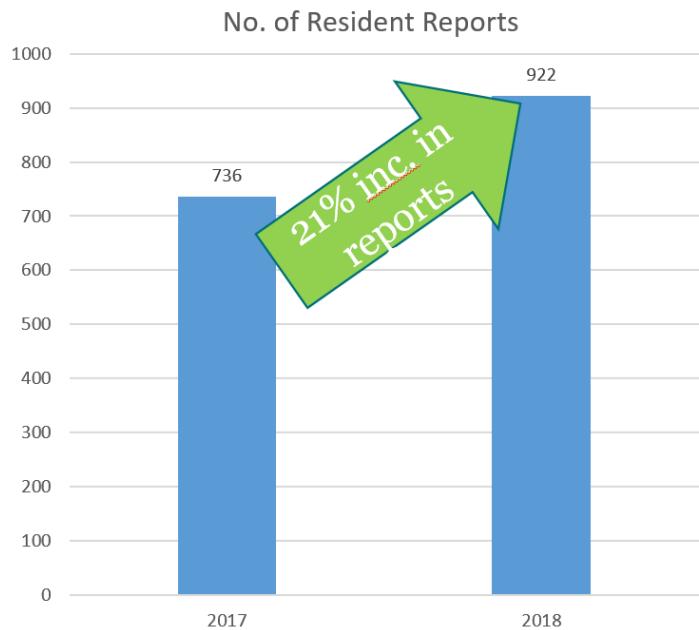
Progress and Updates

Focus Area	Name	Status
Invest in Resources: Enhance medical education by further development of safety culture and reporting	<ul style="list-style-type: none">• Implement Clinical Learning Environment Review (CLER) Pathways to Excellence• Increase Culture of Safety response rate from under 10% to 30%• Provide safety coaching to at least 50% of leadership• 2018-2019: Increase safety event reporting from 350 to 800	Complete

Increasing Safety Event Reporting

electronic Medical Event Reporting System (eMERS)

eMERS – Increased at 3x the rate of “All Staff”



Impact 2020

Progress and Updates

Focus Area	Name	Status
Invest In Resources: Recruit, hire and retain the best employees who are committed to the CCH mission	Develop and administer post-match survey to be sent to all local students that rotated here-to determine what factors led to choosing another program over CCH.	Complete
	Identify clinical areas of need (positions unfilled/positions not filled with superior clinical faculty).	In Progress
	Implement institutional exit interviews to include questions about why graduate chooses to leave.	Complete
	Annually review alignment of program's educational goals with those of the institution and identify opportunities to improve alignment.	In Progress
	Develop a metric that measures success of retaining superior members of a residency/fellowship class based on open positions.	In Progress

History of Medical Training in the U.S.

Learning By Doing (Service > Education)

- 1765 - 1st Med School
- 1876 - Association of American Medical Colleges
- 1910- Flexner Report
- 1920's-Internship and Residency following Med School became standard
- 1965 – Medicare Established: payments to hospitals to subsidize resident education
- 1996 – Medicare Caps Residency Slots
- 1999 – To Err Is Human
- 2002 – ACGME institutes duty hour regulations (80 hours per week, 30 hour call, one day off per week)
- 2014 – ACGME establishes the CLER Program



Moving Away From A Service-Based Residency Model

Generally Accepted Benefits of Residencies/Fellowships

- Still facilitate a cost effective model of 24/7 care of acutely ill patients
- Are associated with safer care and better outcomes¹
- Help to attract attending physicians
- Provide valuable feedback that can improve hospital performance
- Improve physician hiring decisions (when familiar with graduate's skills)
- Reduce recruiting costs
- Improve retention of newly hired attending physicians

¹ McAlister, Finlay et. al. *Post Discharge Outcomes in Heart Failure are Better for Teaching Hospitals and Weekday Discharges; Circ Heart Failure 2013; 6:922-929*

Final Deliverable

Retention of Superior Graduates



Recruit Outstanding Medical Students

International Vs. American Medical Graduates?

There are not enough American Medical Graduates (AMGs) to Fill All of the Residency Slots in the US (12,500 of 30,000 1st Year slots filled by IMGs)

- ~25% of All Residents and ~30% of Fellows in the US are International Medical Graduates (IMGs)
- IMGs pass boards at nearly the same rate as AMGs
- ~25% of all practicing physicians in the US are IMGs including¹:
 - 40% of Primary Care Physicians
 - >50% of those practicing Geriatric Care
 - 2/3 of all physicians practicing in Non-Urban Medically Underserved Areas

¹ Association of American Medical Colleges; 2015 State Physician Workforce Data Book

Recruit Outstanding Medical Students

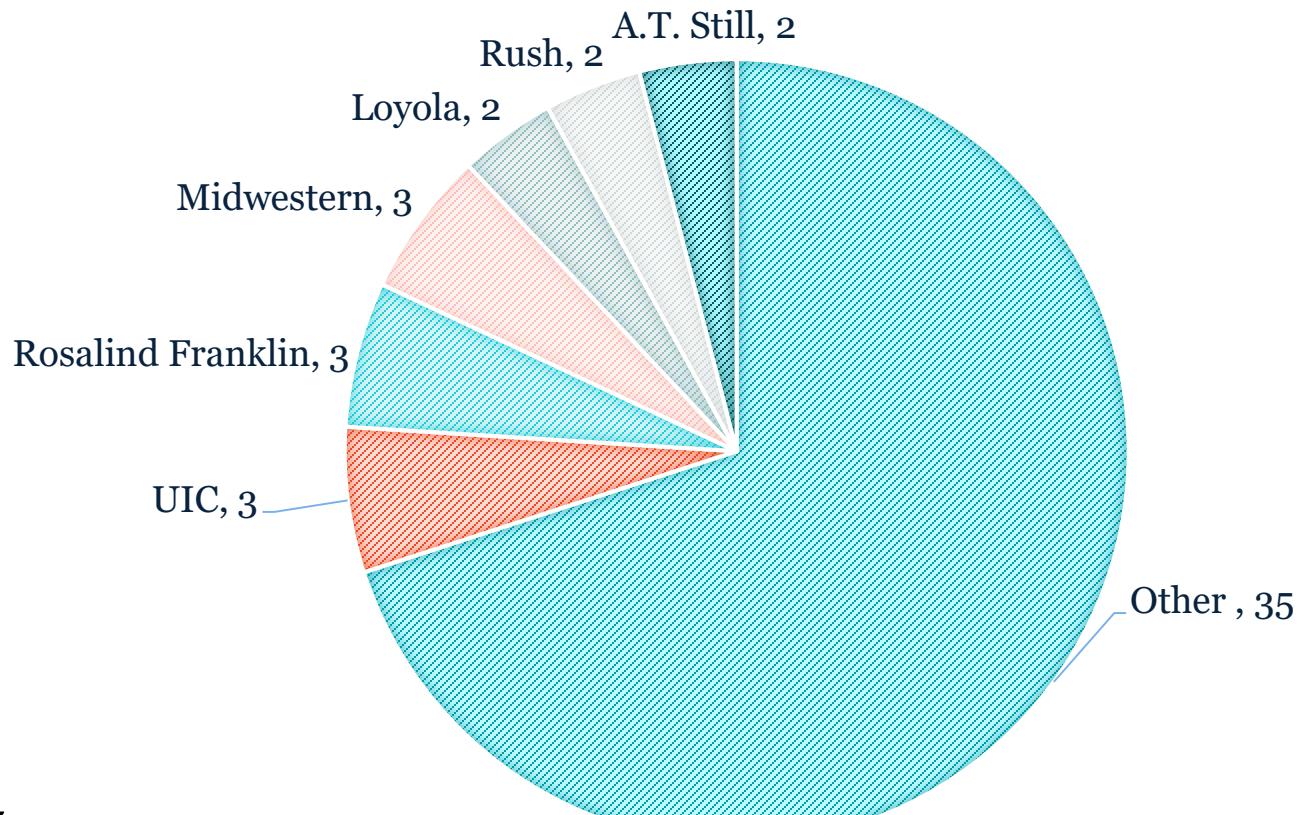
Matches to first year training slots, Last Two Years 2019 (2018)

Program	American Medical Graduates	U.S. International Medical Graduates	International Medical Graduates
Anesthesia	2 (0)	4 (3)	3 (6)
Emergency Medicine	17 (17)	0 (0)	0 (0)
Family Medicine	11 (11)	0 (1)	1 (0)
Internal Medicine	4 (3)	3 (0)	32 (39)
Primary Care	5 (5)	0 (0)	0 (0)
Radiology	4 (4)	0 (0)	0 (0)
TOTAL	43 (39)	7 (4)	36 (45)

Origin of Medical Students for the Incoming Class

Contribution of Local Schools

■ Other ■ UIC ■ Rosalind Franklin ■ Midwestern ■ Loyola ■ Rush ■ A.T. Still



Train In High Quality Residencies

Measurement of the Quality of the Programs

() = Full Time Equivalent Trainees/program

Accredited

Internal Medicine (120)
Emergency Medicine (68)
Anesthesiology (36)
Family Medicine (36)
Radiology- Diagnostic (16)
Dermatology (12)
Ophthalmology (12)
Primary Care (Integrated) (12)
Pediatrics (10)
Urology (10)
Pulmonary /Critical Care Medicine (9)
Cardiovascular Disease (9)
Gastroenterology (9)
Oral Surgery (8)
Hematology-Oncology (7)

Neonatal Perinatal Medicine (6)

Preventive Medicine (4)

Pain Medicine (4)

Palliative Care/Hospice (3)

Pharmacy (3)

Surgical Critical Care (3)

Colon/Rectal Surgery (3)

Toxicology (Integrated) (2)

Neurosurgery (2)

Free-Standing Programs Without Accrediting Bodies

Burn (2)

Trauma (2)

Retinal Disease (2)

Simulation Laboratory (2)

Corneal Disease (1)

Total for all Programs=416

5 Citations



Train In High Quality Residencies

Board Passage - Residents Since 2016

Residency	Took Boards	Passed Boards
Anesthesiology	100%	80%
Dermatology	100%	100%
Emergency Medicine	100%	94%
Family Medicine	97%	97%
Internal Medicine	100%	95%
Ophthalmology	89%	89%
Pediatrics	100%	92%
Radiology	100%	100%
Urology	100%	100%

Train In High Quality Fellowships

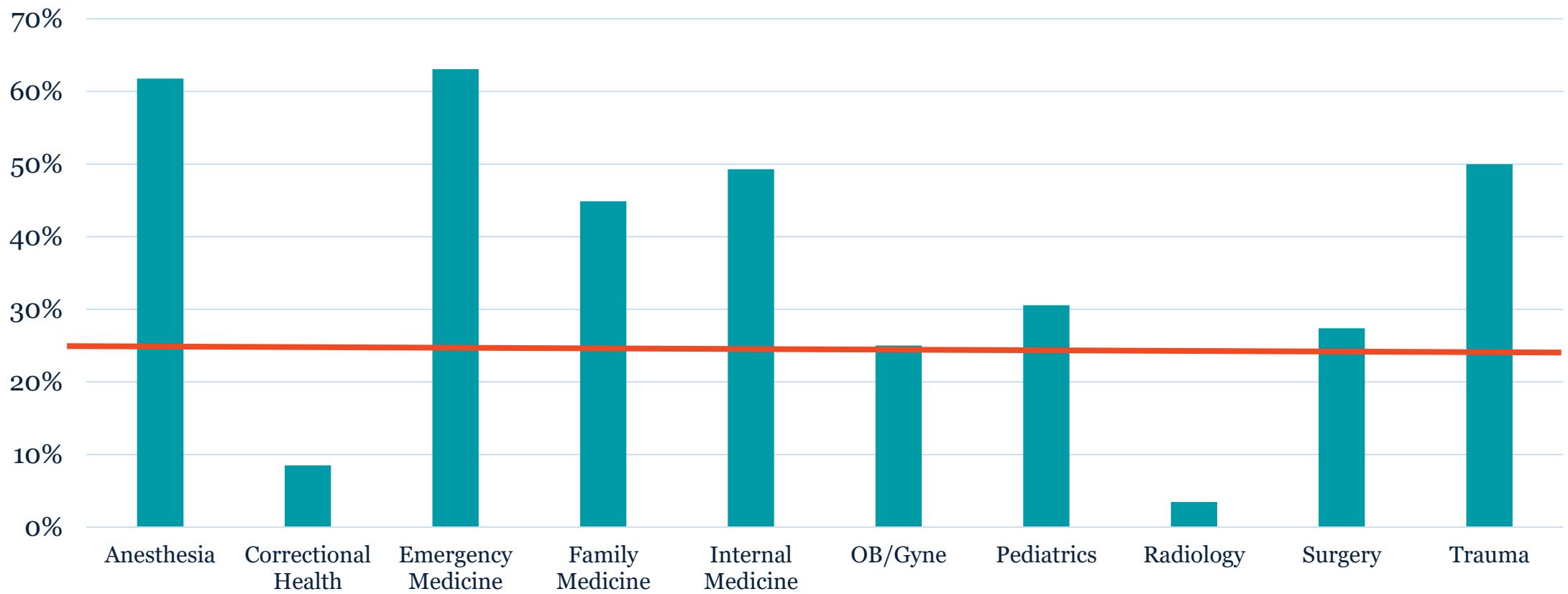
Board Passage- Fellows Since 2016

Residency	Took Boards	Passed Boards
Cardiovascular Disease	100%	100%
Colon and Rectal		
Surgery	100%	78%
Gastroenterology	100%	100%
Hematology/Oncology	86%	86%
Neonatal-Perinatal		
Medicine	100%	100%
Pain Medicine	91%	91%
Palliative Medicine	78%	78%
Preventive Medicine	100%	100%
Pulmonary/Critical		
Care	100%	100%
Surgical Critical Care	100%	100%
Toxicology	87.5%	87.5%



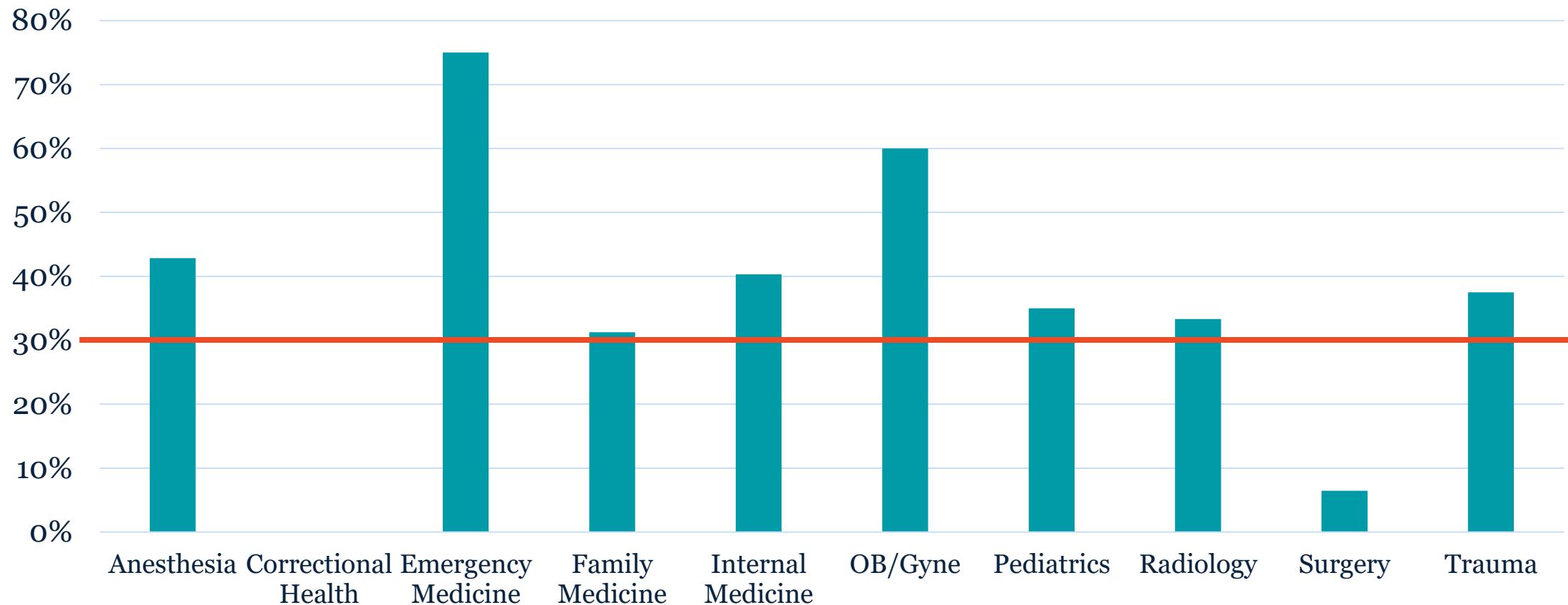
Retention of Graduates

Composition of Departments – Percentage of Total Staff that Trained at CCH



Retention of Graduates in the Last Three Years

Percent of Physicians Hired Since 2015 That Trained at CCH



Rotator Programs

Provide Residents With Reduced Overhead

Integrated

Adolescent Medicine (1)

Allergy (1)

General Surgery (23)

Endocrinology (3)

Infectious Disease (5)

Neurology (2)

OB/GYN (16)

Rheumatology (2)

Neurosurgery (2.5)

Cost = \$4,460,328



Claim
these on
Medicare

Not Integrated

Orthopedics (7.5)

ENT (7)

Pathology (3)

Nephrology (2)

Trauma (8)

Cost = \$2,225,684

Impact 2020

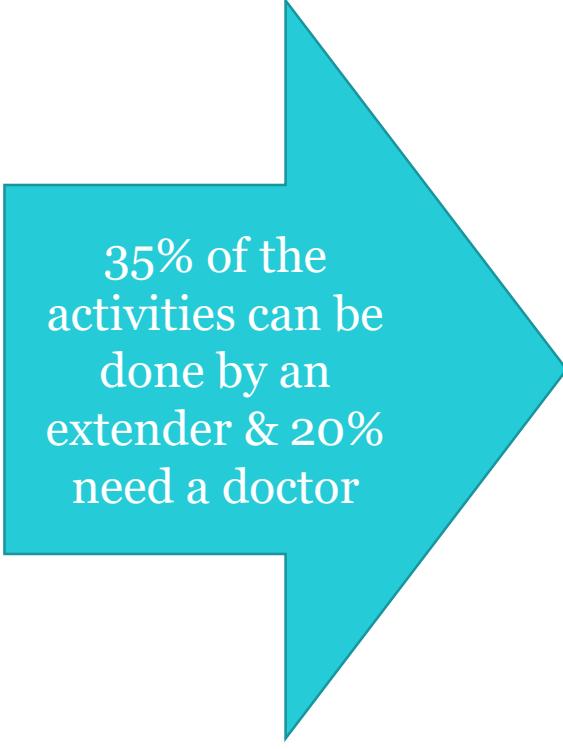
Progress and Updates

Focus Area	Name	Status
Leverage Valuable Assets	Demonstrate value of undergraduate and graduate medical education and academic affiliations to the organization by analysis of costs, returns, pipeline to workforce and facilitation of CCH mission	In Progress

Cost Analysis

Pediatrics

Budgeted Items with 12 Residents	Cost
Resident Salary and Benefits (12+Chf)	\$978,182
Required Faculty Salary (0.62 FTE)	\$170,357
Program Dir. And APD (0.9 FTE)	\$188,525
Admin Staff (0.5 FTE)	\$43,344
"Other" costs	\$25,030
GME Reimbursement	-\$240,000
Total Cost of Residency	\$1,165,437



35% of the activities can be done by an extender & 20% need a doctor

Budgeted Items <u>Without Any Residents</u>	FTE	Cost
Extenders	7.0	\$945,000
Inpatient Attendings	4.0	\$982,000
Outpatient Attendings	0.2	\$49,140
Recruiting		\$56,000
Total		\$2,032,140

FY2020-2022



The Future



SWOT Analysis

Strengths, Weaknesses, Opportunities and Threats



SWOT Analysis

Strengths

- Mission driven
- Patient mix
- Autonomy
- Dedicated teachers

Weaknesses

- Not a university
- Service vs. education
- Inefficiencies in care related to social determinants of health
- Institutional inertia – reluctance to change
- Work in siloes
- Current GME reimbursement based on Medicare patient load

Opportunities

- New program requirements by ACGME
- High Reliability Training
- CLER visits
- Millennials
- Immigration
- Increasing public data

Threats

- Funding
- Health care changes (dismantling of the ACA)
- Competition for patients
- Immigration



FY2020-2022



Strategic Planning Recommendations



Deliver High Quality Care

FY2020-2022 Strategic Planning Recommendations

Deliver High Quality Care

- Introduce Patient Quality and Safety Training for all new employees through a two-step approach.

Grow to Serve and Compete

FY2020-2022 Strategic Planning Recommendations

Leverage Valuable Assets

- Use the analysis of costs, returns, pipeline and current patient care needs to workforce and facilitation of CCH mission to identify the optimal size of each residency, fellowship, and rotator group

Foster Fiscal Stewardship

FY2020-2022 Strategic Planning Recommendations

Deliver High Quality Care

- Design and implement a multidisciplinary simulation-based exercise to improve communication among all of the patient care team as measured by top-box scores on the Patient Satisfaction survey.

Invest in Resources

FY2020-2022 Strategic Planning Recommendations

Invest In Resources

- Using publicly available data and National Provider Identifiers (NPI), provide another metric for our training programs via the comparison of CCH graduates to all providers in key areas including length of stay, opioid prescription and adherence to best practices.

Thank you. 



Action Item

Agreements for Review and Approval

Program	FTE residents	Contract Length-Yrs	Max. Ann. Reimbursed
NORTHWESTERN/MCGAW			
OB/GYNE	15	3	\$1,304,723
Otolaryngology	4	3	\$361,405
Orthopedics	4	3	\$356,120
Trauma	2	3	\$179,460
Urology	1	3	\$93,939
UNIVERSITY OF ILLINOIS-CHICAGO			
Pediatrics	1.5	1	\$120,064

Action Item

Agreements for Review and Approval

Program	FTE residents	Contract Length-Yrs	Max. Ann. Reimbursed
RUSH			
Neurosurgery	2.8	1	\$171,622
Franciscan St. James			
Orthopedics	2	1	\$185,995

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
Thursday, April 18, 2019

ATTACHMENT #4

Action Item

Agreements for Review and Approval

Program	FTE residents	Contract Length-Yrs	Max. Ann. Reimbursed
NORTHWESTERN/MCGAW			
OB/GYNE	15	3	\$1,304,723
Otolaryngology	4	3	\$361,405
Orthopedics	4	3	\$356,120
Trauma	2	3	\$179,460
Urology	1	3	\$93,939
UNIVERSITY OF ILLINOIS-CHICAGO			
Pediatrics	1.5	1	\$120,064



APPROVED

APR 26 2019

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Action Item

Agreements for Review and Approval

Program	FTE residents	Contract Length-Yrs	Max. Ann. Reimbursed
RUSH			
Neurosurgery	2.8	1	\$171,622
Franciscan St. James			
Orthopedics	2	1	\$185,995



Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
April 18, 2019

ATTACHMENT #5



Strategic Planning FY2020- 2022

Ambulatory Health Centers & Maternal Child Health

Iliana A. Mora

COO, Ambulatory Services

April 24, 2019



Overview of Ambulatory

Health Centers

Maternal Child Care



Overview of Ambulatory Health Centers

COOK COUNTY HEALTH CENTERS

Primary Care Medical Homes

(Family Health Care)

- 1 NEW!** **Arlington Heights Health Center**
3250 North Arlington Heights Road, Suite 300
Arlington Heights, IL 60004
- 2** **Logan Square Health Center**
2840 West Fullerton Avenue, Chicago, IL 60647
- 3** **Austin Health Center**
4800 West Chicago Avenue, Chicago, IL 60651
- 4** **Cicero Health Center**
5912 West Cermak Road, Cicero, IL 60804
- 5** **Dr. Jorge Prieto Health Center**
2424 South Pulaski Road, Chicago, IL 60623
- 6** **Near South Health Center**
3525 South Michigan Avenue, Chicago, IL 60653
- 7** **Woodlawn Health Center**
6337 South Woodlawn Avenue, Chicago, IL 60637
- 8** **Englewood Health Center**
1135 West 69th Street, Chicago, IL 60621
- 9** **Robbins Health Center**
13450 South Kedzie Avenue, Robbins, IL 60472
- 10** **Cottage Grove Health Center**
1645 Cottage Grove Avenue, Ford Heights, IL 60411



Overview of Ambulatory Health Centers

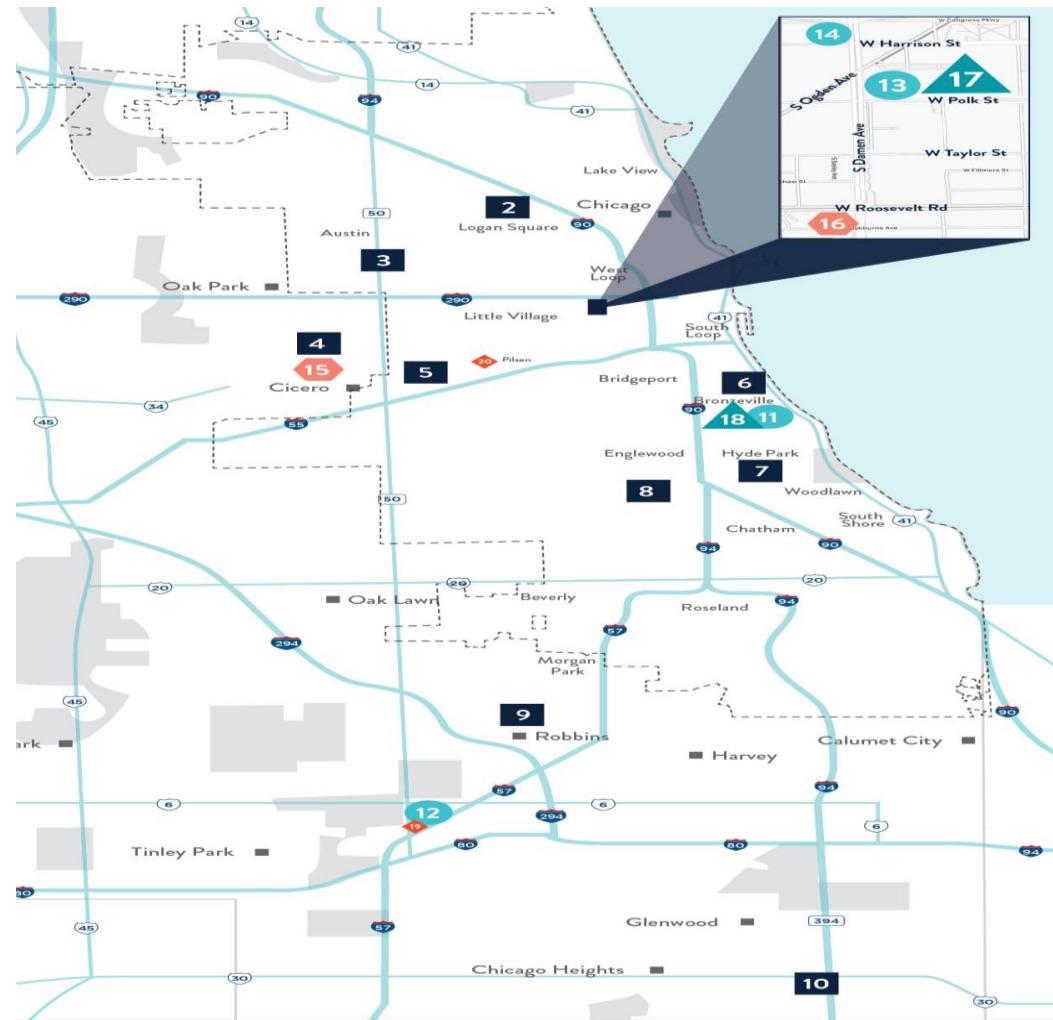
Regional Outpatient Centers

(Includes Primary Care Medical Homes and diagnostic and procedural facilities)

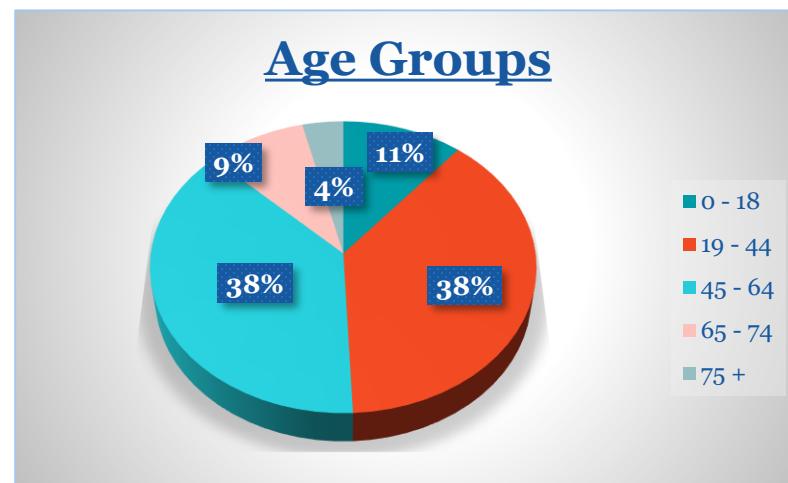
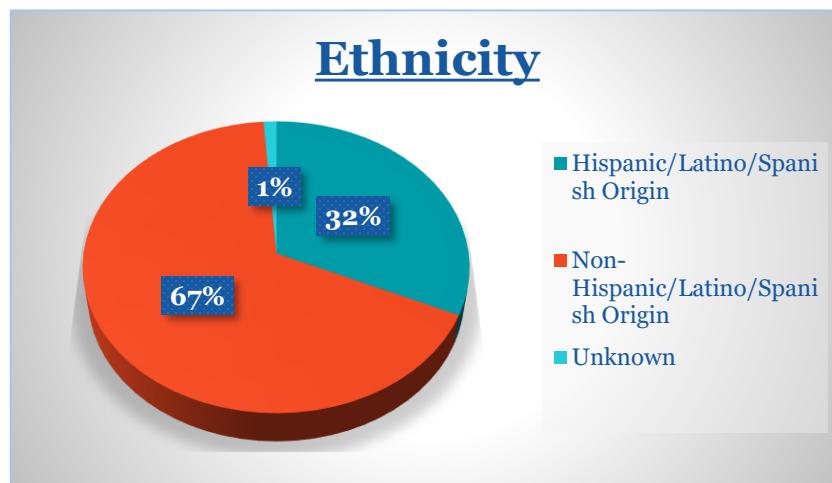
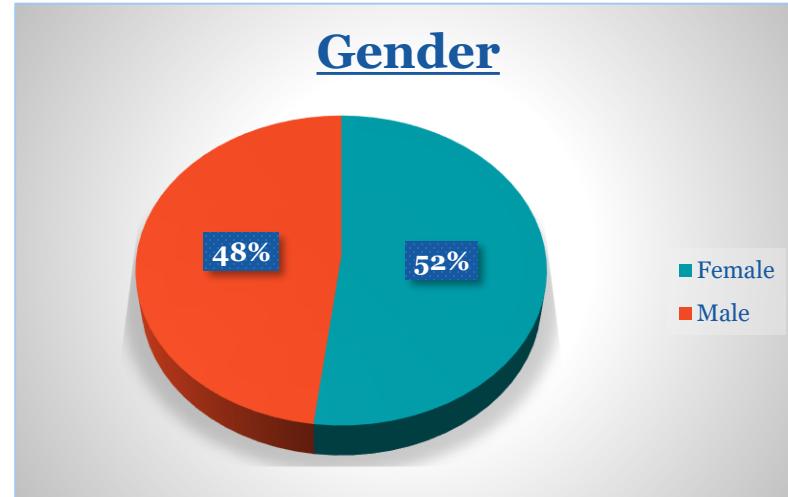
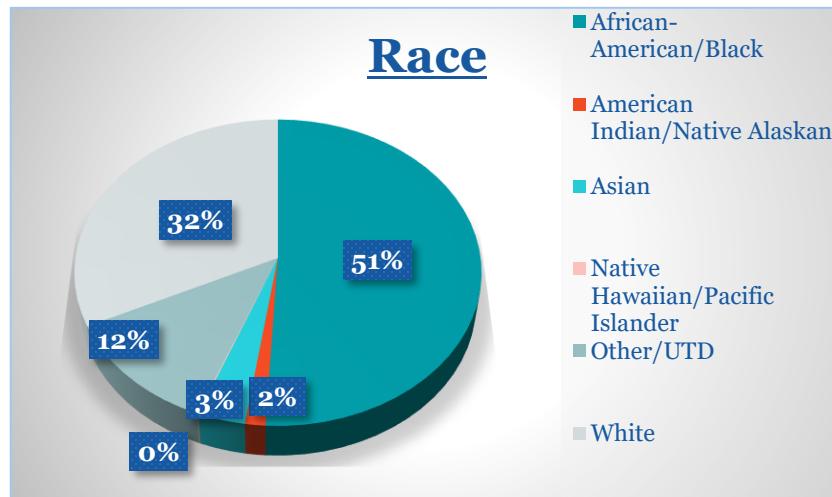
- 11 John Sengstacke Health Center at Provident Hospital
500 East 51st Street, Chicago, IL 60615
- 12 Oak Forest Health Center
15900 South Cicero Avenue, Oak Forest, IL 60452
- 13 Cook County Health Central Campus Professional Building
1950 West Polk Street, Chicago, IL 60612
- 14 Specialty Care Clinics
1901 West Harrison Street, Chicago, IL 60612
- 14 Ruth M. Rothstein CORE Center
2020 West Harrison Street, Chicago, IL 60612

Children & Adolescent Based Services

- 15 Morton East Adolescent Health Center
2423 South Austin Boulevard, Cicero IL, 60804
- 16 Children's Advocacy Center
1240 South Damen Avenue, Chicago, IL 60608



FY2018 Overview of CCH Patients Demographics



Overview of Ambulatory Health Centers

**Acuity of our CountyCare patients
(Cook County Health data compared to others)**

Provider	Risk Score*
All CountyCare Providers	1.14
Cook County Health	1.41

Source: 2018 IL Medicaid Data.

* Risk score based on diagnosis codes, national drug codes derived from pharmacy claims, and medical claims



**COOK COUNTY
HEALTH**

FY2018 Primary Care Visits

Campus	Clinic	FY2018	FY2017
Ambulatory Health Centers	Prieto	16,716	19,399
	Near South	14,438	13,682
	Logan	14,672	13,382
	Oak Forest	13,747	13,500
	Austin	12,936	12,951
	Englewood	12,036	12,003
	Vista	11,214	8,927
	Cicero	10,938	11,354
	Woodlawn	10,153	9,185
	Robbins	9,926	10,005
Stroger	Cottage Grove	9,536	9,625
	Morton East	893	974
	Children's Advocacy	533	541
Provident	General Medicine Clinic	44,745	46,908
	Ruth M. Rothstein CORE Center	13,724	14,521
	Stroger Pediatrics	4,283	4,410
Provident	Sengstacke	16,662	16,659
Total		217,152	218,026

Overview of Ambulatory Health Centers

2018 – Other Visits	Totals
Prenatal	10,178
HIV/ AIDS Visits	18,821
Behavioral Health	29,277
Dental	9,558
TOTAL	67,834

FY2018 Specialty/Diagnostic/Procedure Visit Volume

Campus	Clinic	FY2018	FY2017
Ambulatory Health Centers	Austin- OBGYN/Behavioral Health*	5,848	1,747
	Cicero- OBGYN/Family Planning	982	1,266
	Logan Square- OBGYN	925	802
	Oak Forest	29,073	28,322
	Oral Health	5,039	4,709
	Total	41,867	36,846

*Behavioral Health services started at Austin during FY2018

Impact 2020 Update



Status and Results

- Deliver High Quality Care
- Grow to Serve and Compete
- Foster Fiscal Stewardship
- Invest in Resources
- Leverage Valuable Assets
- Impact Social Determinants
- Advocate for patients



Impact 2020

Progress and Updates

Focus Area	Name	Status
Deliver High Quality Care	Logan Replacement Health Center: make investments in outpatient facilities, leveraging CCDPH data on population health and changes in the local health care environment impacting availability of primary care or specialty services. 2017: Open replacement Logan Square Health Center	In progress
Deliver High Quality Care	Implement extended hours, requires impact bargaining: provide a health care experience that is patient-centered and convenient, including extended weekend and evening hours, patient support center, pre-registration, parking. 2017: Establish extended hours at all health centers.	In progress

Impact 2020

Progress and Updates

Focus Area	Name	Status
Deliver High Quality Care	Continued focus on strengthening PCMH. 2017-2019: Attain year-over-year increases in primary care patients empaneled at community health centers and patient satisfaction scores. 2017-2019: Implement telephone management phone tree at all primary care sites.	In progress
Deliver High Quality Care	Decrease ambulatory dwell time through process improvements. 2017-2019: Reduce wait times year-over-year.	In progress
Grow and Compete	Increase of primary care patients by 10%.	In progress

FY2020-2022



The Future

Environmental Scan of Market, Best Practices and Trends



Environmental Scan of Market, Best Practices and Trends

- Our Competition
- Our Customer
- Our Funding Sources

Environmental Scan of Market, Best Practices and Trends

Our Competition



COOK
HEALTH

Environmental Scan of Market, Best Practices and Trends

Federally Qualified Health Centers (FQHCs) & Ryan White HIV/AIDS Providers

Cook County Health
14 Health Center Locations



IN COOK COUNTY

- FQHC Health Centers 207
- FQHC Look-A-Like Health Centers 10
- Ryan White HIV/AIDS Providers 61

Total Federal Grant Funding in 2017:

- FQHC's: \$197M
- Ryan White HIV/AIDS: 41.9M
(include Core Center)

Services:

- Primary Care
- Maternal Child Care

Source: US Dept. of Health & Human Services, Bureau of Primary Health Care, UDS MAPPER, 2017



COOK COUNTY
HEALTH

Environmental Scan of Market, Best Practices and Trends

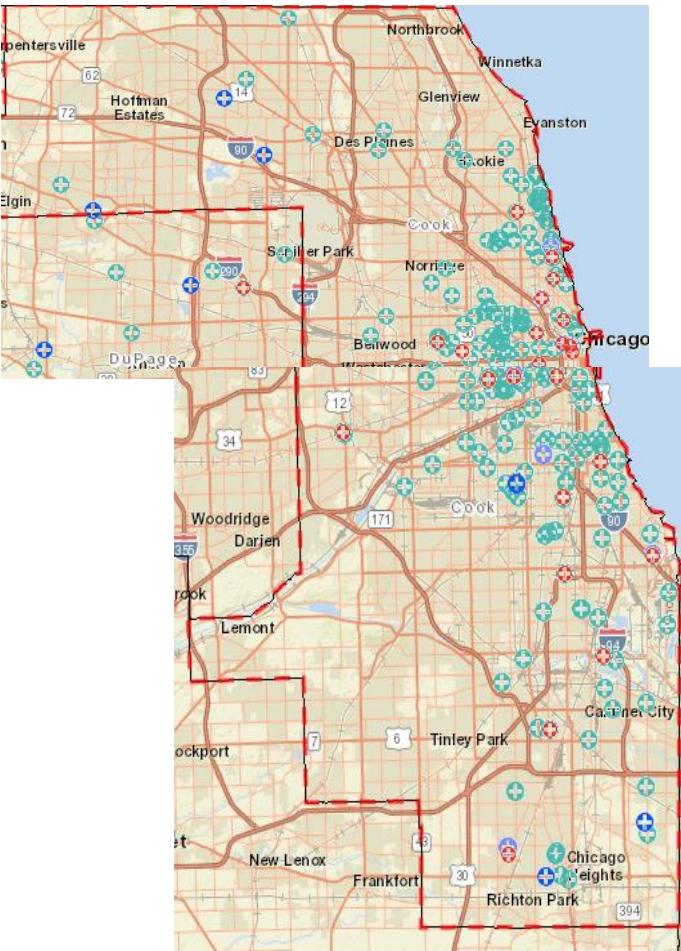
Federally Qualified Health Centers (FQHCs)

Continuously

Opening New Health Centers

&

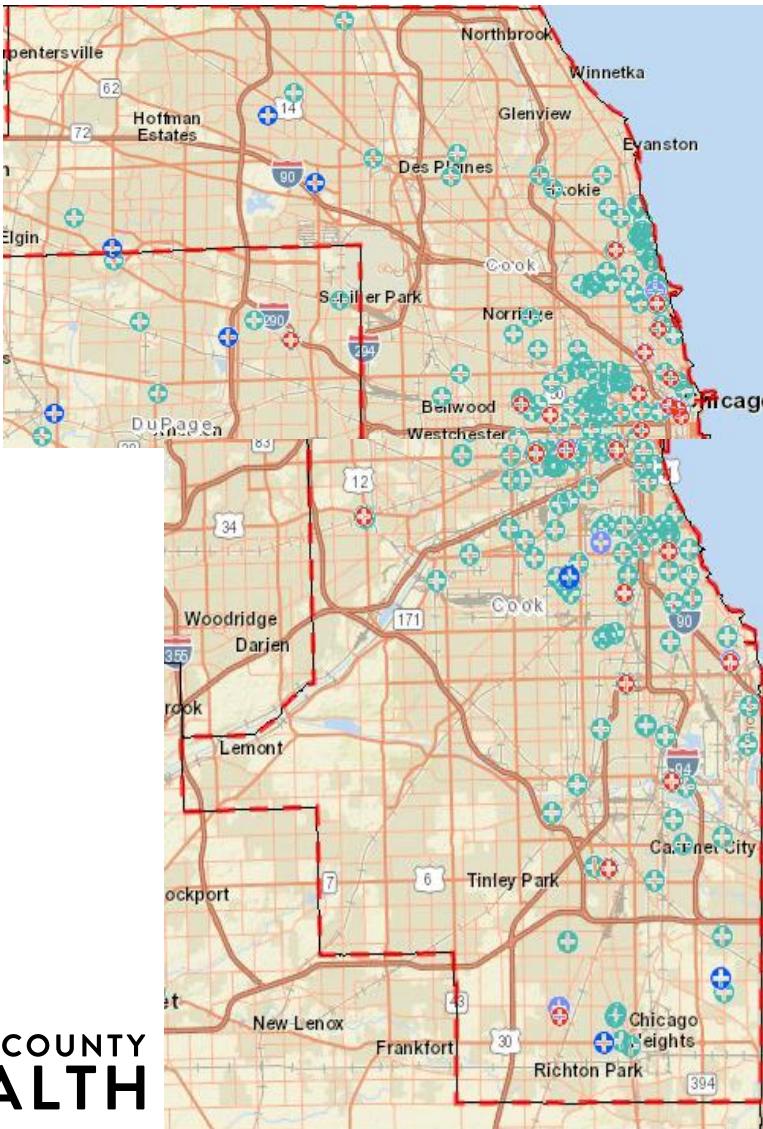
Renovating Health Centers



COOK COUNTY
HEALTH

Environmental Scan of Market, Best Practices and Trends

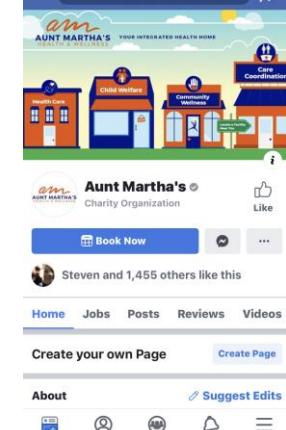
Strong Branding: Federally Qualified Health Centers (FQHCs)



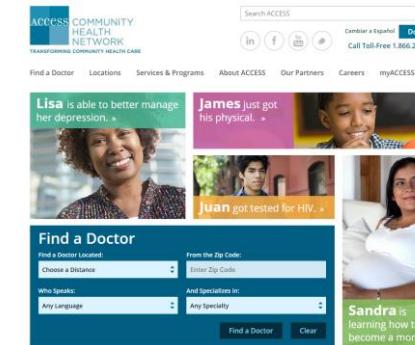
Billboards



Social Media



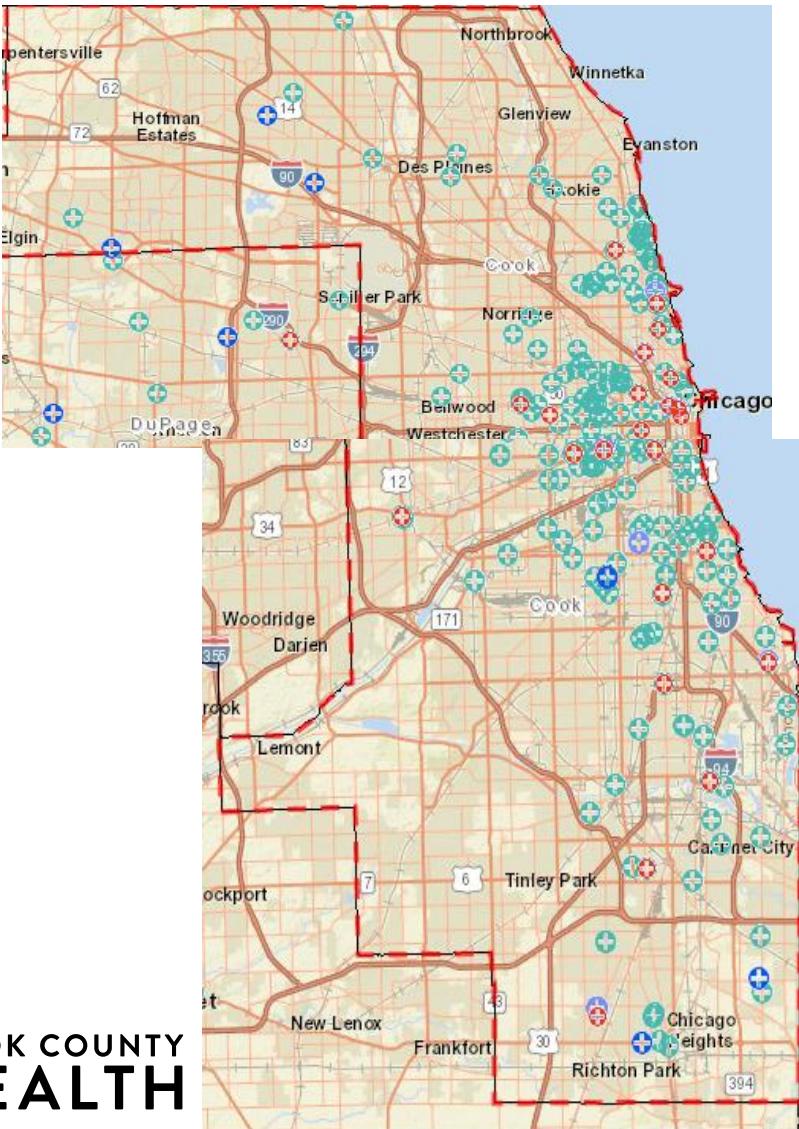
Branded Health Center Websites



COOK COUNTY
HEALTH

Environmental Scan of Market, Best Practices and Trends

Mergers & Acquisitions: Federally Qualified Health Centers (FQHCs)



- Acquiring free clinics
- Acquiring hospital medical practices
- Acquiring residency training sites
- Potential for future mergers and acquisitions among FQHCs



Environmental Scan of Market, Best Practices and Trends

Other Community Providers

- Free Clinics
- Specialized Providers
- Individual Pediatric & Prenatal Medical Practices
- Medical Practices of Health Systems



Environmental Scan of Market, Best Practices and Trends

Prenatal / Delivery

- Safety-Net Health Systems
- All Other Health Systems

Environmental Scan of Market, Best Practices and Trends

Our Customer



Environmental Scan of Market, Best Practices and Trends

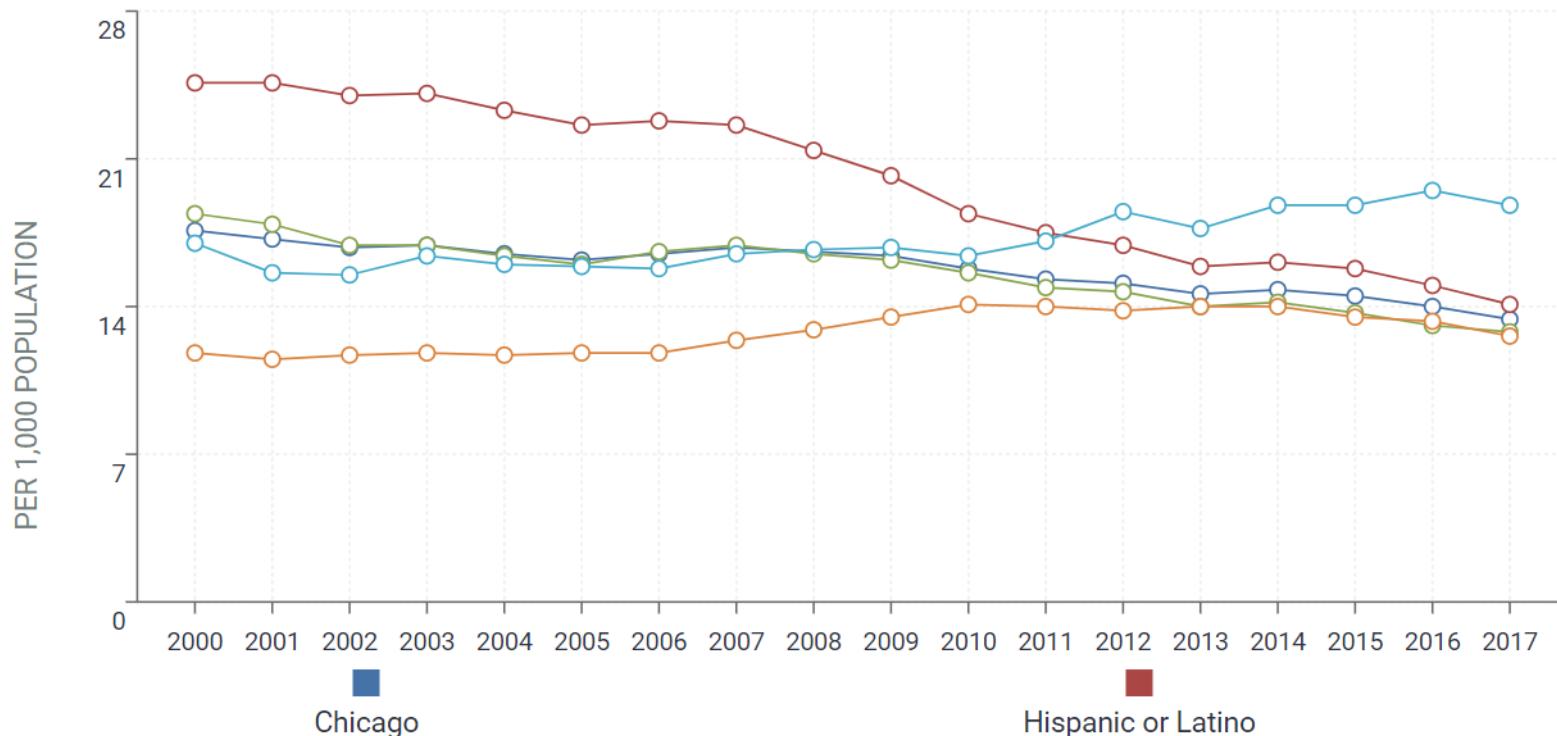
Total Population of Cook County 2012-2016	5,696,008
Total Population Low Income of Cook County	1,903,001
Total Patients Served by Federally Health Centers (Low Income)	732,144
Total Patients Not Served (Low Income)	1,117,857

Source: US Dept. of Health & Human Services, Bureau of Primary Health Care, UDS MAPPER

Environmental Scan of Market, Best Practices and Trends

City of Chicago Birth Rate

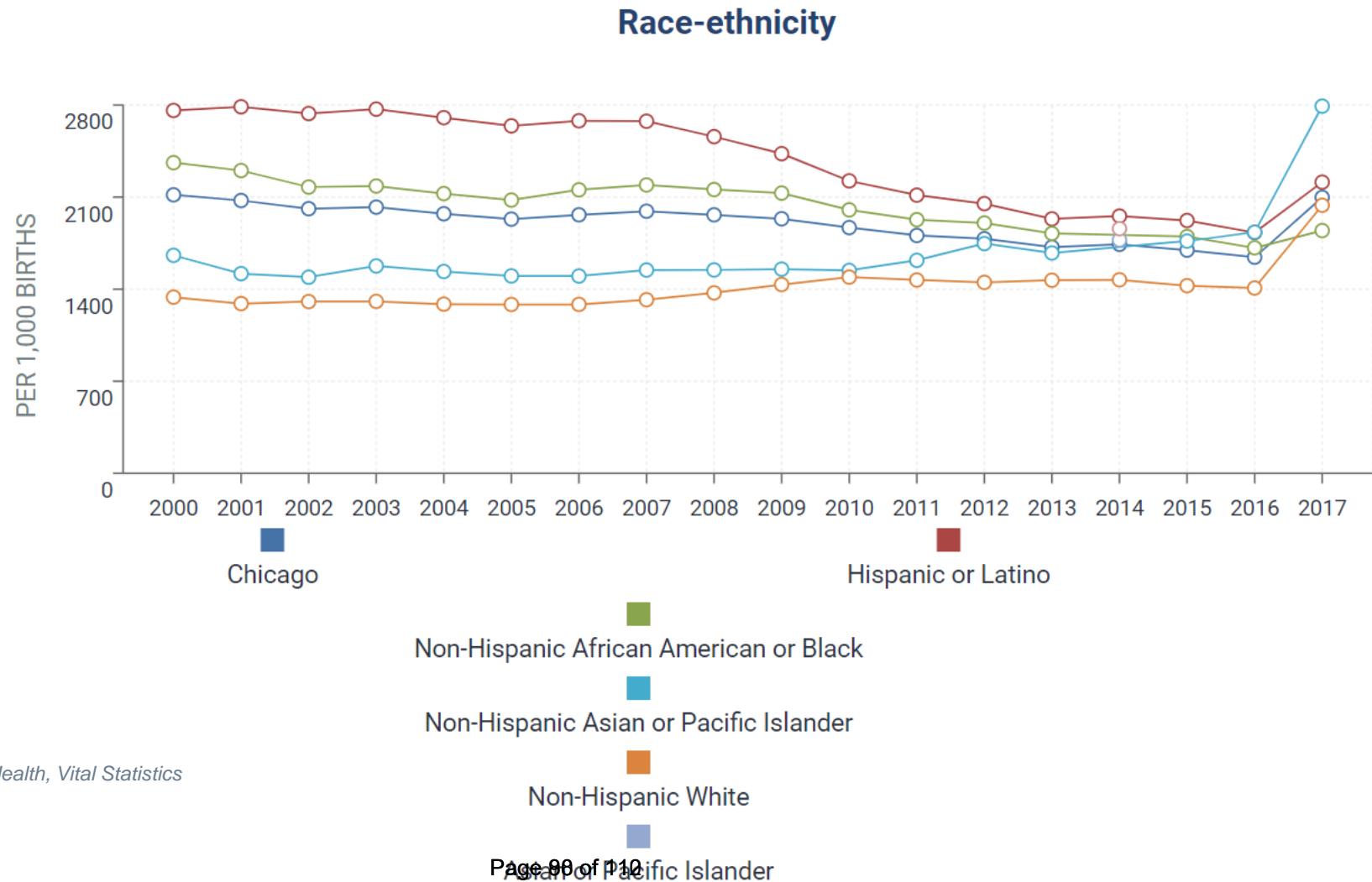
Race-ethnicity



Source: Illinois Department of Public Health, Vital Statistics

Environmental Scan of Market, Best Practices and Trends

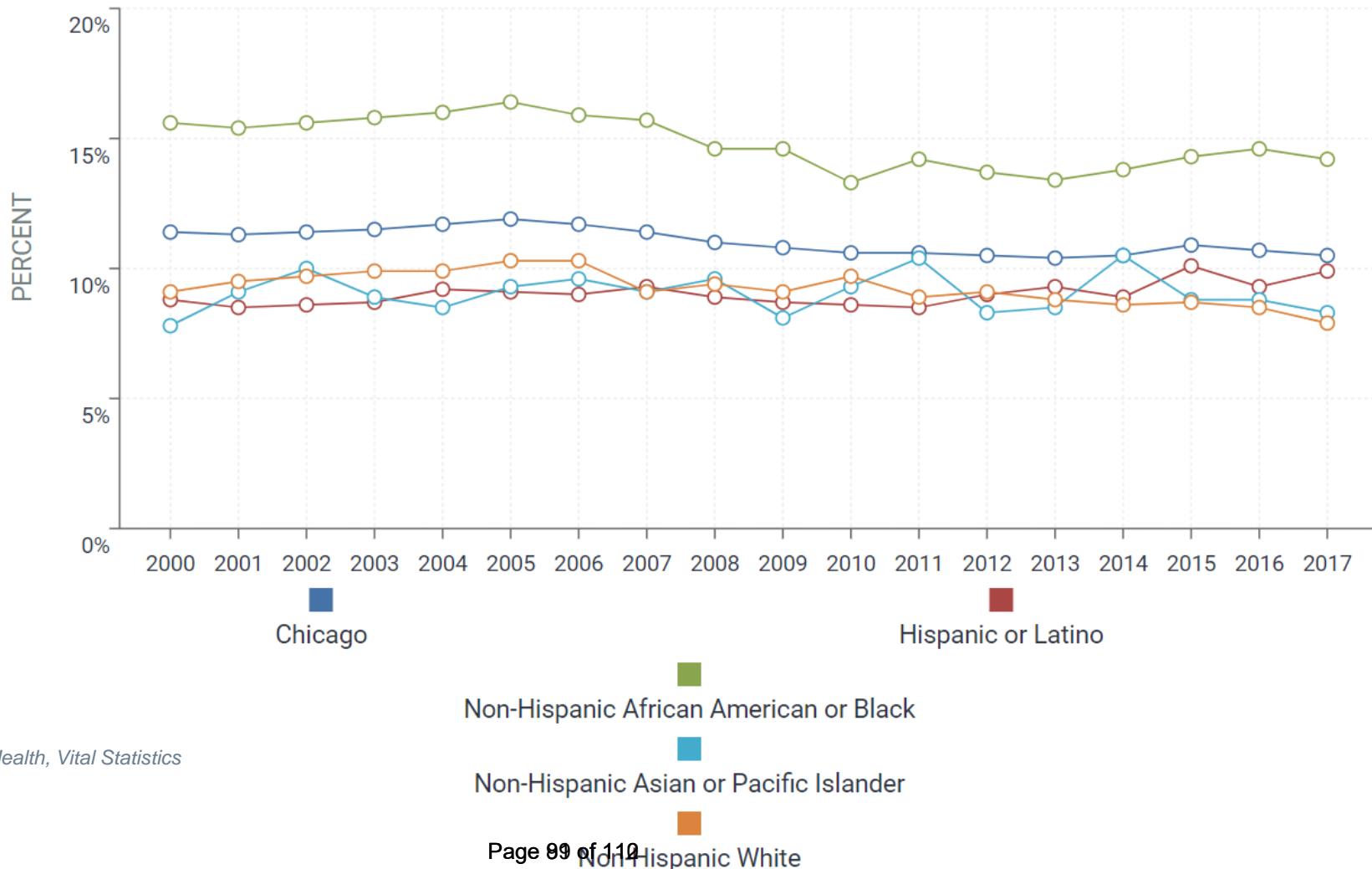
City of Chicago Fertility Rate



Environmental Scan of Market, Best Practices and Trends

City of Chicago Preterm Birth

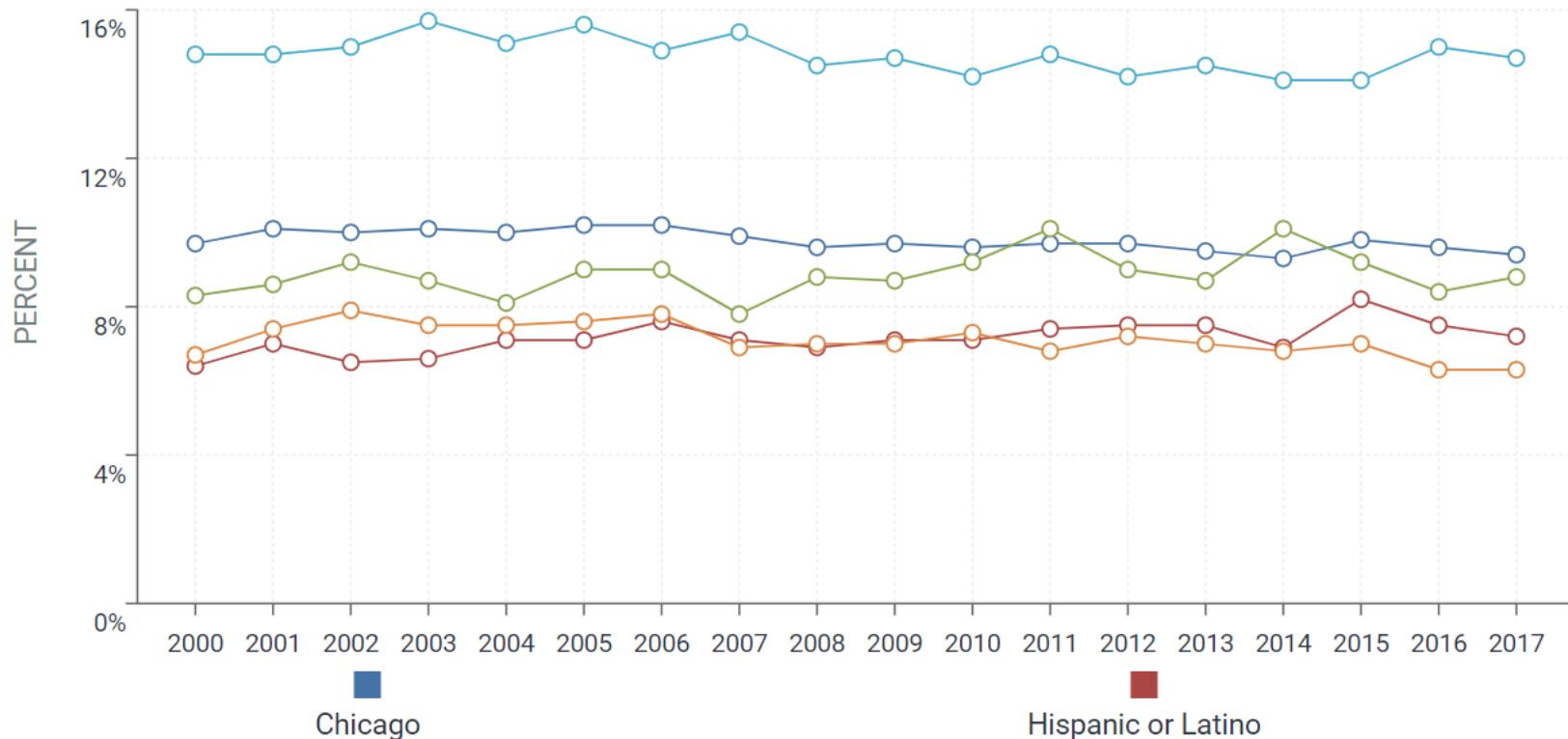
Race-ethnicity



Environmental Scan of Market, Best Practices and Trends

City of Chicago Low Birthweight

Race-ethnicity



Source: Illinois Department of Public Health, Vital Statistics



COOK COUNTY
HEALTH

Non-Hispanic Asian or Pacific Islander



Non-Hispanic African American or Black



Page 90 of 110

Non-Hispanic White

Environmental Scan of Market, Best Practices and Trends

City of Chicago Infant Mortality Rate

Year 2012	Number	Rate per 1,000 births
▼ Race-Ethnicity		
Chicago	303	7.4
Hispanic or Latino	73	5.5
Non-Hispanic Asian or Pacific Islander	9	3.3*
Non-Hispanic African American or Black	163	12.7
Non-Hispanic White	44	3.7

Year 2017	Number	Rate per 1,000 births
▼ Race-Ethnicity		
Chicago	240	6.6
Hispanic or Latino	60	5.5
Non-Hispanic African American or Black	127	11.4
Non-Hispanic Asian or Pacific Islander	11	4.0*
Non-Hispanic White	39	3.6

- The infant mortality rate has decreased, but significant disparities exist based on race / ethnicity.
- The infant mortality rate for infants born to Non-Hispanic black women is two to three times as high as the infant mortality rate of infants born to Non-Hispanic white women.

Source: Illinois Department of Public Health, Vital Statistics



COOK COUNTY
HEALTH

Environmental Scan of Market, Best Practices and Trends

Infant Mortality Rate

- Infants at higher risk for infant mortality include those born to:
 - Non-Hispanic **black** women
 - **Younger** mothers
 - **Unmarried** women
 - Women with a **high school education or less**
 - **U.S.-born** women (vs. foreign-born)
 - Women covered by **Medicaid**
 - Women with **three or more previous births**
 - Residents of the city of **Chicago**
 - Women with pregnancy-related **hypertension** (high blood pressure) or **eclampsia**
 - Women who had **no prenatal care**

Source: Illinois Department of Public Health, Vital Statistics

Environmental Scan of Market, Best Practices and Trends

Our Funding Sources



Environmental Scan of Market, Best Practices, Trends

Reduction in Medicaid coverage across Illinois

	Oct. 2018	Nov. 2018	% Change	Dec. 2018	% Change
Cook County	1,413,665	1,386,693	1.91% 	1,353,809	2.37% 
Other	1,617,146	1,591,627	1.58% 	1,556,278	2.22% 

- Steady decreases in Medicaid membership due to loss of coverage across fee-for-service and managed care.
- Cook County Medicaid beneficiaries are losing coverage at a higher rate than those in other IL counties. Possible cause of loss of Medicaid coverage is current redetermination policy.

Environmental Scan of Market, Best Practices, Trends

Consolidation of Medicaid Managed Care Plans

Today: 6 Medicaid Managed Care Plans

*CountyCare

Meridian (a WellCare Co.)

Blue Cross Blue Shield

IlliniCare

Molina

Next Level

Future:

May experience more consolidation

Continue pay for performance contracts

Compliance / Regulatory

SWOT Analysis

Strengths, Weaknesses, Opportunities and Threats





Strengths

- Health Centers are part of Health System
 - Hospital
 - Ancillary Services
 - Specialty Care
 - Care coordination
 - Health Plan
 - Support Departments (project mgmt., regulatory, etc.)
- Mature integrated Electronic Health Record & Data Systems
- New health centers
- Staff commitment to serving Cook County's vulnerable and underserved populations

Weaknesses

- Lack of full integration with Health System
- Lack of managed care knowledge and infrastructure
- Lack of operational efficiency knowledge
- Lack of standardization across health centers
- Lack of performance management knowledge
- Limited Branding: marketing and communication
- Lengthy hiring process
- Distant community relationships
- Limited multi-lingual / cultural staff competency
- Early stage of culture of excellence

Opportunities

- Optimize integration of services across Cook County Health
- Improve patient access and productivity
- Increase specialty care and imaging services
- Performance in managed care contracts
- Prenatal and pediatric patient base
- Deepen community roots and connections
- Diversification of talent
- Partnerships with Federally Qualified Health Centers

Threats

- Federally Qualified Health Centers
 - Predominant market presence in primary care and maternal child health
 - Better service and patient experience
 - New state of the art facilities
 - Strong community brand
 - Access to federal operating and capital funds
- Growing uninsured

FY2020-2022



Ambulatory Health Centers



Deliver High Quality Care

FY2020-2022 Strategic Planning Recommendations

Primary Care

- Increase Access
- Improve Quality of Chronic Disease Management
- Optimize Operations Management
- Strengthen Leadership

Maternal Child Health

- Re-build prenatal program
 - prenatal medical care
 - prenatal education
 - support staffing
- Improve preventive screenings
 - depression, smoking, partner violence, etc.
- Optimize link between health center and Stroger Hospital Labor & Delivery
- Improve linkage to Women, Infants and Children (WIC) and social supports
- Develop child development services
- Improve quality metrics



Grow to Serve and Compete

FY2020-2022 Strategic Planning Recommendations

- Provide More Care
 - Primary Care
 - Specialty Care
 - Imaging Services
 - Hours of Operation
 - Residency Program
- Serve More Communities
 - Location Analysis
 - Service Analysis
 - Physical Site Evaluation
- Provide Maternal Child Services
 - FQHC Partnership
 - Investment in Stroger Labor & Delivery
- Grow Community Partnerships
 - Community Organizations
 - Schools
 - Churches



COOK COUNTY
HEALTH

Foster Fiscal Stewardship

FY2020-2022 Strategic Planning Recommendations

- Increase Medicaid Managed Care Competency
- Increase Benefits Enrollment
- Expand Grant Funding
- Launch Cost Containment Strategies

Invest in Resources / Leverage Valuable Assets

FY2020-2022 Strategic Planning Recommendations

- Strengthen Brand
- Become Prenatal and Maternity Care Provider of Choice
- Renovate Health Centers
- Invest in People & Information Technology

Impact Social Determinants/Advocate for Patients

FY2020-2022 Strategic Planning Recommendations

- Hiring Reflects our Patients & Communities
- Shape our Health Centers to be Culturally & Linguistically Sensitive
- Launch Culturally Tailored Health Promotion Programming and Interventions
- Engage More Patients through Community Advisory Councils

Thank you. 



APPENDIX



Deliver High Quality Care

FY2020-2022 Strategic Planning Recommendations

INCREASE ACCESS

Appointment Availability
Show Rate
Slot Utilization
Phone Access
Virtual Visits
Portal Access



IMPROVE QUALITY OF CHRONIC DISEASE MANAGEMENT

Diabetic Care
Childhood Immunizations
Behavioral Health Screenings
Entry into Prenatal Care



OPTIMIZE OPERATIONS MANAGEMENT

Cycle Time
Patient Panel Management
Competency of Staff
Cross-Site Staff Deployment
Care Coordination Integration
Optimize Decision-Support
Health IT Tools



STRENGTHEN LEADERSHIP

Clinic Leadership Development
Matrix Reporting
Top Talent Recruitment



Grow to Serve and Compete

FY2020-2022 Strategic Planning Recommendations

PROVIDE MORE CARE

Primary Care
Specialty Care
Imaging Services
Hours of Operation
Residency Program



SERVE MORE COMMUNITIES

Location Analysis
Service Analysis
Physical Site Evaluation



PROVIDE MORE MATERNAL CHILD SERVICES

FQHC Partnership
Labor & Delivery
Investment



GROW COMMUNITY PARTNERSHIPS

Community Organizations
Schools
Churches



Foster Fiscal Stewardship

FY2020-2022 Strategic Planning Recommendations

MEDICAID MANAGED CARE

Align Clinical Operations to meet Medicaid Managed Care pay for performance measures



BENEFITS ENROLLMENT

Efficient integration of financial counselors into clinic flow



GRANT FUNDING

Partner with Program Services & Innovation, to apply for federal, state and private grants to support mission



COST CONTAINMENT

Develop strategies to contain temporary staffing costs and overtime use, and partner with HR to quicken the hiring process



Invest in Resources / Leverage Valuable Assets

FY2020-2022 Strategic Planning Recommendations

STRENGTHEN BRAND

Health Center Branding Campaign



BECOME MATERNITY CARE PROVIDER OF CHOICE

Prenatal Programming
Upgrade Labor and Delivery
& Post-Partum
Strengthen Maternal Fetal
Medicine Division



RENOVATE HEALTH CENTERS

Existing Site
Renovations
Relocate Sites
New Sites



INVEST IN PEOPLE & IT

People: Quality
Improvement & Process
Improvement

IT: Data Sharing
Interfaces & Decision
Support Tools



Impact Social Determinants/Advocate for Patients

FY2020-2022 Strategic Planning Recommendations

HIRING REFLECTS OUR PATIENTS

Focused strategy to hire staff that is culturally and linguistically reflective of communities we serve



SHAPE OUR PRACTICES

Evaluate and implement practices that are culturally and linguistically sensitive, to yield better health outcomes



LAUNCH HEALTH PROMOTION

Develop culturally tailored interventions and programming to reduce racial and ethnic disparities in health



ENGAGING PATIENTS

Continue to develop Community Advisory Councils and other means to engage patient input on care delivery

